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MAC

**AEROMEDICAL EVACUATION SUPPORT
OF SOUTHEAST ASIA OPERATIONS
1964 - 1971**



**HEADQUARTERS MILITARY AIRLIFT COMMAND
SCOTT AIR FORCE BASE, ILLINOIS
1 NOVEMBER 1972**



MAC AEROMEDICAL AIRLIFT SUPPORT

OF

SOUTHEAST ASIA OPERATIONS

(1964-1971)

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UNITED STATES AIR FORCE

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FOREWORD

This study reviews the development of MAC's aeromedical evacuation from World War II beginnings, emphasizing support of United States operations in Southeast Asia 1964-1971. It highlights the importance of the command's role in transporting patients during the Vietnam conflict. The principal sources used in its preparation were located in the Headquarters Military Airlift Command offices of the Surgeon, Operations, Plans, and History.

The aeromedical airlift experience of the Military Airlift Command and its ancestor organizations--the Ferrying Command, Air Transport Command, and Military Air Transport Service--dates back to 1941--three decades ago. From modest beginnings, aeromedical airlift developed into an increasingly refined and useful function as advances were made in the quality and quantity of service. The accomplishments of the Vietnam conflict time span attest to the effectiveness of aeromedical evacuation in performing its unique and vital mission.

Today, the Military Airlift Command operates a modern, well-developed, world-wide aeromedical airlift system, structured to fulfill the varying mission demands of peace and war. An all-jet capability provides fast, efficient, patient-oriented evacuation from anywhere in the world to destination medical facilities in the Continental United States, making rapidly available to the ailing and the injured optimum treatment and care. With a 30-year tradition of successful operations, the MAC Aeromedical Airlift System is an important national resource, ready and responsive to the needs of our time.

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CHRONOLOGY
OF
MAC AEROMEDICAL EVACUATION

1941

29 May Air Corps Ferrying Command established.

1942

20 Jun Ferrying Command redesignated as the Air Transport Command (ATC).

1943

March ATC began the aeromedical evacuation (AE) of patients from the Pacific to the Continental United States (CONUS).

1944

April CONUS aeromedical evacuation became a responsibility of ATC.

16 May ATC began mass airlift of World War II patients in the CONUS.

29 Jun ATC began to evacuate war wounded from France to the US.

1946

21 Dec ATC evacuated two poliomyelitis patients by C-54 in iron lungs from Calcutta, India, to the US--the longest polio AE to date.

1948

1 Jun Military Air Transport Service (MATS) established.

1949

7 Sep MATS made responsible for world-wide airlift of military medical patients.

1952

29 Aug First C-118 aircraft received by MATS.

viii

1954

- 1 Apr First C-131 aeromedical aircraft received by MATS, with assignment to the 1706 ATGp (AE).
- 8 May French defeated at Dien Bien Phu, Indo China.
- 19 Jun-
17 Jul MATS Project Wounded Warrior airlift of 506 sick and wounded members of the French Foreign Legion from Japan to France and Algiers.
- 21 Jul International agreement on Vietnam signed at Geneva. US and South Vietnam did not sign.

1955

- 12 Feb US took over the training of the South Vietnam Armed Forces.

1960

- December US military personnel in Vietnam totaled about 900. National Front for Liberation of South Vietnam (NFLSV) formed.

1961

- 8 Jun First C-135A "Stratolifter" (first operational jet transport in MATS) received by MATS, assigned to the 1611 ATWg (EASTAF).
- 4 Oct The first MAC long range aeromedical evacuation flight in a jet aircraft (a C-135) from Germany to McGuire AFB, N.J.

1962

- 8 Feb US reorganized the military command in Saigon, setting up the US Military Assistance Command (MACV) under General Paul D. Harkins.
- 1 May MATS first jet (C-135) aeromedical evacuation nonstop trans-Pacific flight, Yokota AB, Japan, to Travis AFB, California.

1964

- 1 Jun The 1405 ABWg, Scott AFB, redesignated the 1405 AMTWg and made responsible for domestic aeromedical airlift.
- 20 Jun General William C. Westmoreland took over command of MACV from General Harkins.

1964 (cont'd)

- 2 Aug USS Maddox allegedly attacked by North Vietnam PT boats in Gulf of Tonkin.
- 4 Aug USS Maddox and USS Turner Joy allegedly attacked by North Vietnam PT boats in Gulf of Tonkin. President Lyndon B. Johnson ordered retaliatory bombing of gunboats and supporting facilities in North Vietnam.
- 5 Aug President Johnson asked Congress to approve joint resolution "to promote the maintenance of international peace and security in Southeast Asia" pledging full support of US Forces.
- 7 Aug Congress approved Southeast Asia Resolution: House vote, 416-0; Senate vote, 88-2.
- 11 Aug President Johnson signed Southeast Asia (Gulf of Tonkin) Resolution into law.
- 13 Aug The 1405 AMTWg made first aeromedical flight with a C-118 aircraft.
- 19 Oct First C-141 aircraft delivered to MATS, assigned to the 1707 TTU, Tinker AFB.

1965

- 7 Feb Viet Cong attacked US installations at Pleiku, Vietnam, touching off retaliatory raids by 49 US Navy planes on North Vietnam barracks at Dong Hoi.
- 10-11 Feb After Viet Cong assaulted enlisted men's hotel at Qui Nhon, killing 23 US personnel, about 160 USAF, Navy, and South Vietnam planes staged reprisal raids.
More than 100 US casualties evacuated by PACAF to Clark AB.
- 11 Feb First US casualties from Vietnam arrived at Travis AFB by C-135 aircraft.
- Mar Increasing numbers of US patients evacuated as a result of the fighting in Vietnam.
- 2 Mar US bombing campaign against North Vietnam (Rolling Thunder) began.

x

1965 (cont'd)

- 30 Mar Viet Cong terrorists exploded bomb outside US Embassy in Saigon.
- 23 Apr First C-141 aircraft delivered to a MATS operational wing (1601 ATWg, Travis AFB).
- May President Johnson announced the decision to deploy US forces to Southeast Asia to assist in the defense of South Vietnam.
- 28 Jun US troops participated in the first major "search and destroy mission" in South Vietnam.
- Jul Build-up of hospital capacity by Army, Navy, and Air Force in Southeast Asia, Philippines, Okinawa, Japan, Guam, and Hawaii commenced.
- 15 Jul The C-141 made its first long range aeromedical evacuation flight in the Pacific--Yokota AB, Japan, to Travis AFB, California--during category III test period.
- 20 Jul A joint memorandum of understanding was finalized by the ANG/MATS/1405 AMTWg for ANG support of domestic aeromedical evacuation operations.
- 1 Aug The ANG began flying missions in support of domestic aeromedical evacuation.
- 15 Aug Domestic aeromedical evacuation operations expanded to include North Atlantic and Caribbean offshore areas.
- 17-20 Aug First C-118 offshore aeromedical evacuation mission flown; route: Scott-Howard-Scott.
- 12 Sep The 1405 AMTWg became responsible for aeromedical transport service to and from Alaska.
- 13-14 Sep The ANG flew the first aeromedical airlift mission to and from Alaska, using C-97s, traversing route Travis-McChord-Elmendorf and return.
- 3 Oct The ANG took over the North Atlantic and Caribbean offshore aeromedical missions, using C-121 aircraft.

1965 (cont'd)

- 1 Nov The C-141 aircraft became the principal patient airlift vehicle in the Pacific.
- The USAF Hospital Travis Casualty Staging Unit increased from 135 beds to 250.
- The 1453 AMEGp organized with headquarters at Hickam AFB.
- 8 Nov The RVN paraplegic rehabilitation program began with evacuation by C-141 of 56 RVN patients and attendants from Saigon to Stewart AFN, New York, for treatment and rehabilitation at King's Point VA Hospital, N.Y.
- 15 Nov Travis AFB Casualty Staging Unit capacity expanded by use of a dormitory for ambulatory patients.
- 18 Dec A single C-141 aircraft moved a total of 89 patients on one flight over route Clark-Guam-Tachikawa-Hickam-Travis--the largest load of patients on one mission to date.

1966

- 1 Jan MATS redesignated as the Military Airlift Command (MAC).
- 8 Jan EASTAF redesignated as the 21AF and WESTAF as the 22AF.
- 12 Jan The 375 AAWg organized at Scott AFB, Illinois.
- 13 Jan The 10 AMEGp organized at Hickam AFB, Hawaii.
- Feb The first MAC-PACAF aeromedical evacuation scheduling conference.
- 1 Apr The first C-141 aeromedical evacuation flight from Europe to the CONUS.
- 1 Jul The first C-141 aeromedical flight direct from Saigon via Yokota to Travis.
- 3 Aug The first C-141 aeromedical evacuation flight over the modified polar route Yokota-Elmendorf-Andrews, delivering patients with east coast destinations.
- 2 Nov The east coast terminal for patients flown from Europe changed from McGuire AFB to Andrews AFB.

1967

- Feb A new aeromedical evacuation patient holding facility completed at Travis AFB.
- Apr An aeromedical evacuation staging facility addition completed at Yokota AB.
- 2 Apr MAC aeromedical evacuation flights began to originate at Da Nang AB, Vietnam.
- 5 Apr The first aeromedical evacuation flight from Cam Ranh Bay, Vietnam, flying route Cam Ranh Bay-Yokota-Elmendorf-Andrews.
- 8 Apr A 10' x 50' trailer unit flown to Da Nang AB aboard a C-133 to be used as an aeromedical evacuation control center.
- 21 Apr A 92-bed addition to the 2d Casualty Staging Flight, Travis AFB, dedicated.
- 24 Apr A weekly mission flying stabilized burn patients Yokota-Travis-Kelly initiated.
- 31 Aug The Douglas Aircraft Corporation awarded the contract to build the C-9 aeromedical aircraft.
- 15 Oct C-141 Pacific missions began to stop at Scott AFB to deplane patients with midwest destinations.
- Dec Eighty-two Pueblo crewmen flown from Kimpo AB, Korea, to San Diego Naval Air Station, California, by two C-141s.

1968

- Feb The Viet Cong Tet Offensive occurred with an increase in patient airlift requirements.
- 31 Mar President Johnson ordered cessation of the bombing of North Vietnam above the 20th parallel.
- 10 Apr General Creighton W. Abrams Jr. appointed to succeed General William C. Westmoreland as commander of US forces in Vietnam.
- 15 Apr Daily Vietnam to Japan intratheater aeromedical evacuation service inaugurated.
- May Viet Cong offensive took place with upsurge in casualties.

1968 (cont'd)

- 13 May Peace talks between the US and North Vietnam began in Paris.
- 16 Jun C-9A roll-out ceremony at the McDonnell-Douglas Aircraft Corporation plant, Long Beach, California; the C-9A christened the "Nightingale."
- 1 Aug The Pacific dual stage (intratheater and intertheater) aeromedical evacuation inaugurated.
- 10 Aug The 375 AAWg received its first C-9A aircraft.
- 13 Aug The last ANG aeromedical evacuation flight to Alaska and return.
- 1 Sep Category III testing of the C-9A began.
- 2 Oct First operational aeromedical mission flown by the C-9A.
- Nov A transportable Aeromedical Evacuation Control Center (house trailer) placed into operation at Andersen AFB.
- 1 Nov US halted the bombing of North Vietnam.
- 24 Dec Intratheater aeromedical evacuation responsibility in Europe transferred from MAC to USAFE.
- The 58 AMESq organized at Rhein-Main AB, Germany.

1969

- Jan Special missions flown to airlift burn patients from the Pacific to Kelly AFB following the fire on the USS Enterprise.
- 20-21
May The first C-9A offshore route familiarization flight flown.
- 8 Jul The airlift of US Army troops from Vietnam began in project "Keystone Eagle."
- 8 Aug The C-131 Samaritan flew its last domestic aeromedical evacuation mission.
- 31 Dec The 375 AAWg received its 12th and last C-9A aircraft.
- The last domestic C-118 aeromedical evacuation mission flown.

1970

- 30 May Last ANG aeromedical evacuation flight to North Atlantic and Caribbean offshore areas in support of the 375 AAWg.
- 8 Jun C-141 flights from Pacific extended over new channels in the CONUS delivering patients to hospitals nearer homes, reducing the number of RONS.
- 24 Jun US Senate repealed the Gulf of Tonkin Resolution.

1971

- 26 Jun The first C-141 flight evacuating drug abuse patients from Southeast Asia to the US.

CHAPTER I: INTRODUCTION

(U) The Military Air Transport Service (MATS), redesignated the Military Airlift Command (MAC) on 1 January 1966, entered the period of the Vietnam conflict with nearly a quarter of a century¹ of experience in the conduct of aeromedical airlift operations.

This time frame spanned two wars--World War II and the Korean War--and brought increasing use of air vehicles for the transport of military patients and progressive development in that art.

(U) As early as 1941 MAC's initial predecessor command, the Air Corps Ferrying Command, established on 29 May 1941,² flew sick

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1. MATS was redesignated as MAC, 1 Jan 66, by MATS SO G-164, 3 Dec 65 (hist, MAC, Jul 65-Jun 66, III, Sup Doc I-2). Aeromedical airlift, aeromedical evacuation, aeromedical transport, patient airlift, patient air evacuation, and patient air transport mean essentially the same thing: movement of patients under medical supervision and care to and between medical treatment facilities by air transport; medical and airlift technology and operations combined to produce patient airlift.
 2. The Air Corps Ferrying Command was constituted and established under the direct jurisdiction of the Chief of the Air Corps at Washington, DC, 29 May 1941, by ltr, WDAGO (AG 320.2 [6-3-41] MR-M), subj: Constitution of the Air Corps Ferrying Command, 5 Jun 41 (hist, ATC [Admin Hist of the Ferrying Command], 29 May 1941-30 Jun 1942, Appendices, pp 9-10).

and injured personnel on an unscheduled basis to medical facilities
 from locations that were inaccessible to other modes of transport.³

The Air Transport Command (ATC), which succeeded the Ferrying Command⁴
 on 20 June 1942, however, was directed by Headquarters Army Air Forces
 on 28 August 1942 to evacuate casualties by air whenever practicable
 and as prescribed by the Air Surgeon. Such evacuation was to be
 accomplished in connection with routine transport operations, with⁵
 no special planes provided.

(U) The employment and development of aeromedical evacuation
 progressed slowly in the early years of World War II. The airlift⁶
 of military patients, however, became an important assigned function
 of ATC during the period 1943-1945, with a total of 338,737 patients

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3. History of the Medical Department, Air Transport Command (ATC), May 1941-December 1944, Part II, Missions and Procedures, p 2.
 4. The Air Corps Ferrying Command was redesignated as the Air Transport Command 20 Jun 42 by HQ AAF GO 8, 20 Jun 42 (hist, ATC [Admin Hist of Ferrying Command], 29 May 1941-30 Jun 1942, Appendices, pp 158-159).
 5. Wesley F. Craven and James L. Cates, eds, The Army Air Forces in World War II (Chicago, 1948-1958), VII, p 207.
 6. AAF Reg 20-1, Organization, Army Air Forces, 1 Sep 43, specified that: "The Commanding General, Air Transport Command will be responsible for the ferrying of aircraft within the United States and to destinations outside the United States; for the transportation by air for the War Department of personnel, materiel, and mail; and for the air evacuation of sick and wounded personnel from theaters of operation to the Continental United States." ATC's CONUS aeromedical evacuation mission responsibility began Apr 44 (ATC Memo 25-6, 29 Apr 44).

airlifted world-wide.⁷ After 1945 ATC continued to provide world-wide aeromedical airlift support until replaced by MATS on 1 June 1948.⁸

(U) The years between the establishment of MATS and the beginning of US expanded involvement in Vietnam brought new importance, further development, and achievement to aeromedical airlift. The effectiveness of world-wide aeromedical evacuation after World War II was such that in September 1949 the Secretary of Defense designated airlift as the primary method of transporting military patients.⁹

(U) The Korean conflict, beginning in June 1950, presented new challenges to aeromedical airlift operations. The Military Air Transport Service, which was airlifting an average of 350 patients a month from Tokyo to the United States at the outbreak of this war, returned a total of 43,196 Korean War Casualties to the United States between 26 June 1950 and 31 July 1953.¹⁰

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7. App III, Patients Airlifted by ATC/MATS/MAC 1943-1971.
 8. The ATC was discontinued on 1 Jun 48 by HQ ATC GO 34, 1 June 1948 (MATS General Orders 1948-1950) and MATS was established with headquarters at Gravelly Point, Va., 1 Jun 48, by MATS GO 2, 1 Jun 1948 (Air Transport Command General Orders 1944-1948).
 9. DOD Policy, 7 Sep 49, cited in the Aeromedical Evacuation Phase of the Strategic Airlift Input to Project Corona Harvest (FOUO) (subsequently cited as MAC SEA Air Evac Corona Harvest Input) Jan 65-Mar 68, MAC Command Surgeon, 31 Dec 69, p v.
 10. Robert F. Futtrell, The United States Air Force in Korea 1950-1953 (New York, 1961), p 544. The Korean conflict began with the North Korean attack on South Korea, 25 Jun 50, and ended with the signing of the armistice on 27 Jul 53.

(U) Two special humanitarian aeromedical airlift projects flown by MATS in the mid-1950s attracted wide attention. The first of those was Project Wounded Warrior. This was the airlift from Southeast Asia to France and Algeria in June and July 1954 of 506 sick and wounded members of the French Foreign Legion, following the defeat at Dien Bien Phu. These individuals were transported a distance of about 14,000 miles from Saigon, Indo-China, to Paris, France, and Oran, Algeria, at the request of the French Government. The Far East Air Force moved these personnel from Saigon to Tokyo. MATS took over the airlift of these patients at this point, flying them in 10 trips west-to-east over the route Tokyo-Midway-Hickam-Travis-Westover-Lajes-Paris-Oran. The first MATS flight left Tokyo on 29 June and arrived at Paris on 3 July; the last flight reached Paris 17 July. Patient rest stops of about 15 hours each were made at Hickam, Travis,¹¹ and Westover AFBs. This was the largest global patient evacuation project performed by MATS since the return of US prisoners of war¹² patients from Korea in August-October 1953.

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11. Hists (S), MATS, Jan-Jun 54, I, p 225 and Jul-Dec 54, I, pp 106-108; hist (U), Atlantic Div, MATS, Jul-Dec 54, pp 189-192. FEAF moved these casualties from Saigon to Tokyo in C-124s beginning 26 Jun 54. The Continental Div, MATS, using C-97s, flew the Tokyo-Westover leg of this route; Atlantic Div, MATS, C-118s and R6Ds provided transport from Westover to Paris and Oran. Four flights terminated at Paris and six at Oran.
 12. Hist (U), MATS, Jul-Dec 53, I, pp 233-234. A total of 505 (419 ambulatory and 86 litter) Korean war prisoner of war patients were airlifted (20 to the Philippines, 27 to Hawaii, and the remainder to Travis AFB).

(U) The second special humanitarian aeromedical airlift flown by MATS in the mid-1950s was the transport December 1956 to June 1957 of 534 Hungarian refugees requiring air evacuation from Munich, Germany, to the United States as part of Project Safe Haven. The aeromedical airlift phase of this operation required 12 flights. The first four C-118 flights (Safe Haven I) from Munich-Reim Airfield, Germany, 22 December 1956-1 January 1957, transported 139 refugee patients and their families to the United States. Eight flights after 1 January 1957 (Safe Haven II) airlifted 395 patients and family members from Neubiberg Air Base, Munich, Germany, to the United States. This airlift was performed by the Atlantic Division, MATS, with medical crews provided by the 1454 Aeromedical Evacuation Squadron (MATS), Rhein-Main Air Base, Germany.

13

(U) Aeromedical evacuation proved its usefulness at an early date and by the decade of the 1950s was recognized widely as a valuable function. A quote from the Cincinnati Enquirer of 5 November 1950 reflects the high regard for aeromedical airlift at that time:

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13. Robert F. Futrell, Development of Aeromedical Evacuation in the USAF, 1909-1960 (USAF Historical Studies No. 23) (Draft) (subsequently cited as Futrell, USAF Air Evac 1909-1960), pp 741-742; hist (S), MATS, Jul-Dec 56, I, pp 164-170 and Jan-Jun 57, I, pp 84-85; hist (C), Atlantic Division, MATS, Jul-Dec 56, I, pp 155-180 and Jan-Jun 57, I, pp 109-126. The policy was to keep each Hungarian refugee family intact; consequently, if one member of a family required evacuation, the whole family was evacuated together by air. The first Safe Haven aeromedical flight departed Munich-Riem Airfield on 22 Dec 56; this operation ended 30 Jun 57.

Air evac looks good for everyone - doctors say it is better for the patients - economists say it is less expensive - combat leaders say it eases the demand for skilled personnel and supplies in the war zone; patients like it.

During an interview at Brooks AFB, Texas, in March 1960, USAF Surgeon General Major General Oliver K. Niess, summarized the advantages of transporting patients by air:

14

Aeromedical evacuation provides the most practical means for the delivery of military patients. Air evac is the most expeditious, it is the most economical, and it is the most medically acceptable. Aeromedical evacuation delivers the patients to specialized hospitals within minimum time limits. Air evac cost is one-tenth that of other means of transportation. Air evac insures that the patient receives specialized medical care.

(U) Although aeromedical evacuation achieved noteworthy development and progress by the late 1950s, Brigadier General L. Render Braswell, the MATS Command Surgeon, foresaw tremendous advances in the state of the art in the immediate future. In July 1959 he predicted that:

15

Aeromedical evacuation today stands at the threshold of new developments. Turboprop and jet-powered aircraft are soon to shrink our planet by shortening travel time, and evacuation activities promise to increase in comfort, speed, and convenience.

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14. Cincinnati Enquirer, 5 Nov 50, quoted in study, MATS Participation in the Korean Crisis (Pacific Airlift), Jun-Dec 1950, I, p 121; "Air Evac Praised by Surgeon General," Army Navy Air Force Journal, 19 Mar 1960, p 33, cited in Futrell, USAF Air Evac 1909-1960, p 750.
 15. Brig Gen L. Render Braswell, "Military Air Transport Service," Medical Service Digest, Vol X, No 7 (Jul 1959), p 50, cited in Futrell, USAF Air Evac 1909-1960, p 749. Brig Gen L. Render Braswell was the Command Surgeon of MATS, 22 Oct 54-19 Dec 59 (Research Projects, MAC Hist Off, Vol VII, item 48--List of Command Surgeons in ACFC, ATC, and MATS, 13 Dec 63).

(U) The Vietnam conflict ushered in a new era in the magnitude and development of aeromedical airlift. The United States involvement here stemmed from US efforts to frustrate the designs of militant North Vietnam to seize control of South Vietnam by force, following the defeat of the French at Dien Bien Phu in 1954 and their subsequent withdrawal from Indo-China. The US participation in the action in Vietnam passed through four main phases of activity, ranging from varying degrees of support to South Vietnam to direct armed intervention. The first phase dated from the fall of Dien Bien Phu to the establishment of the US Military Assistance Command, Vietnam (USMACV), in 1962. During this period, the US Military Assistance Advisory Group took over the training of the South Vietnamese Army in defense of their country against mounting North Vietnamese subversion and guerrilla activity. The second phase extended from the establishment of USMACV in 1962 to the Gulf of Tonkin Incident, 2-4 August 1964, a time of increasing North Vietnamese aggression against South Vietnam. The third phase included the period from the Gulf of Tonkin Incident to the cessation of the bombing of North Vietnam, 1 November 1968. These were the years of the most intensive US participation and the time of most numerous casualties. The fourth stage began with the cessation of the bombing of North Vietnam in 1968. Although this latter period did not bring an end to the hostilities in Vietnam, it did see a growth in the role of South Vietnam in the fighting

and deceleration of US participation in the conflict, with a significant decline in US forces and casualties in Vietnam.

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16. The New York Times Encyclopedic Almanac 1970, pp. 718-719; The 1971 World Almanac and Book of Facts, pp 33-35; Chester L. Cooper, The Lost Crusade (New York, 1970), pp 473-523. See Appendix I, US Military Personnel in South Vietnam, 1954-1971; Appendix II, US Casualties in Vietnam, 1961-1971; Appendix III.

CHAPTER II: THE MATS WORLD-WIDE AEROMEDICAL AIRLIFT SYSTEM IN 1964

(U) At the time of the Gulf of Tonkin Incident in August 1964, the MATS World-Wide Aeromedical Airlift System was configured to satisfy the mission demands of a peacetime situation. The Pacific segment of this system, which was the most affected of the three main segments (domestic, European, Pacific) by the Vietnam conflict, had only 60 persons assigned to the two MATS aeromedical elements (one squadron and its detachment) there. An average of just 342 patients were being moved in 12 flights per month over Pacific routes at that time.¹⁷ After August 1964, however, successive adjustments of the system were necessary to meet the accelerated demands for patient airlift imposed by the Southeast Asia conflict.

(U) Aeromedical airlift, a basic MATS function in 1964, was derived from the authority of Department of Defense Directive 5160.2,¹⁸ 7 December 1956. This was one of the responsibilities assigned

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17. Hists, 1502 Air Transport Wing (H)(MATS), Jan-Jun 64, I, p 131; Jul-Dec 64, I, p 102.
 18. DOD Directive 5160.2 (U), subj: Single Manager Assignment for Airlift Service, 7 Dec 56 (subsequently cited as DOD Directive 5160.2) (hist, MATS, Jan-Jun 57, II, Sup Doc IV-e).

MATS as the Single Manager Operating Agency for airlift service.

The requirements of this mission were outlined in Air Force Regulation (AFR) 23-17, 9 July 1963,¹⁹ which specified that MATS:

Operate an aeromedical airlift system for patients for whom the armed forces are responsible by law or regulation. Such airlift will be accomplished on oversea routes; from continental U.S. aerial ports of debarkation to hospital destination airfields; and between airfields servicing medical facilities within the continental U.S.

(U) The Military Air Transport Service expressed this mission as, "The primary mission of MATS Aeromedical Evacuation Service is to provide air transportation for sick, injured and wounded active duty members of the U.S. Armed Forces in an expeditious and medically acceptable manner over air routes of MATS responsibility, from overseas to and within the continental United States."²⁰ This was a rather broad responsibility in view of the policy of the Department of Defense to move Armed Forces patients in both peace and war by air when such transport was available and suitable conditions existed for aeromedical airlift, unless there were medical reasons to the contrary.²¹

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19. AFR 23-17 (U), Organization and Mission - Field: Military Air Transport Service, 9 Jul 63, (hist, MATS, Jul 62-Jun 63, II, Sup Doc I-2). AFR 23-17 was revised on 8 Dec 66 and 9 Dec 70 with minor changes in the aeromedical airlift responsibility.
 20. MATS Regulation 160-2, Medical Service: Aeromedical Evacuation, 28 Apr 61 (hist, MAC, Jul 68-Jun 69, VIII, Sup Doc III-2). MR 160-2 established administrative and operational procedures for accomplishing the aeromedical evacuation mission of MATS. See hist, MAC, Jul 68-Jun 69, I, chap III, MAC World-Wide Aeromedical Evacuation FY 69, pp 185-263.
 21. AFR 164-1, Aeromedical Evacuation: Worldwide Aeromedical Evacuation, 15 May 64 (hist, MAC, Jul 68-Jun 69, VIII, Sup Doc III-1). AFR 164-1 established operational and administrative responsibilities and procedures for world-wide aeromedical evacuation.

ORGANIZATION

Office of Primary Responsibility

(U) The MATS world-wide aeromedical airlift system, comprised of domestic, European, and Pacific segments, came under the staff supervision and control of the MATS Command Surgeon, who was responsible directly to the Chief of Staff and Commander, MATS. In delineating responsibility for this aeromedical airlift function, MATS Manual 23-2, 1 September 1964, specified that the Command Surgeon:

Supervises all aeromedical evacuation activities within MATS. Establishes technical and professional policies and procedures relative to the conduct of world-wide aeromedical evacuation. Determines medical flight crew requirements and the need for development and issuance of special aeromedical equipment. Maintains liaison with DCS/Operations on operational and traffic matters relating to aeromedical evacuation. Obtains Armed Services requirements for other than routine aeromedical evacuation airlift.

Domestic Aeromedical Airlift Organization

(U) The 1st Aeromedical Transport Group (Light) (1AMTG[L]), headquartered at Brooks AFB, Texas, a component of the MATS' Western Transport Air Force (WESTAF) organization, performed the aeromedical

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22. MATS Manual 23-2, Organization and Mission--Field: Headquarters MATS Organization and Functions, 1 Sep 64, p 10.
23. Ibid. MATS/MAC commanders during the period of this report were: Commanders: Gen Joe W. Kelly, 1 Jun 60-18 Jul 64; Gen Howell M. Estes, Jr., 19 Jul 64-31 Jul 69; Gen Jack J. Catton, 1 Aug 69-present. Command Surgeons were: Brig Gen Harold F. Funsch, 29 Nov 63-31 Jul 70; Maj. Gen Maxwell W. Steel, Jr., 1 Aug 70-present.

airlift mission in the Continental United States (CONUS) during the first five months of 1964. This mission was accomplished through seven components (three squadrons and their four detachments) at seven different CONUS locations. There were three aeromedical transport squadrons (AMTS) (11th at Scott, 12th at McGuire, and 13th at Travis AFBs). The 11th had two detachments (Det 1, Kelly AFB, Texas, and Det 2, Lowry AFB, Colorado). The 12th also had two detachments (Det 1, Andrews AFB, Maryland, and Det 2, Maxwell AFB, Alabama).²⁴ The 13th did not have any detachments. The flying components were the 11th, 12th, and 13th and Det 1 of the 11th,²⁵ which flew the²⁶ aeromedical airlift missions with assigned C-131 aircraft.

(U) The LAMIG had its own command, control, mission aircraft, aircrews, and organization maintenance capability. As of 31 December 1963, there were 675 military (201 officers and 474 airmen) and 107 civilian personnel assigned versus an authorization of 784 (99.9

24. MAC Manual 23-1, Organization and Mission--Field: Organization of the Military Air Transport Service (subsequently cited as MM 23-1), 1 Apr 64, p 3-3 (hist, MATS, Jan-Jun 64, II, Sup Doc I-8). The LAMIG(L) was activated with headquarters at Brooks AFB, Texas, 8 Nov 56 (MATS SO G-153, 2 Nov 56). In addition to accomplishing redistribution of patients originating in the CONUS, domestic aeromedical airlift was an extension of the overseas segments of the world-wide aeromedical evacuation system since it completed the movement of overseas patients by air from ports of debarkation to destination hospitals in the CONUS.

25. Hist, 1 AMTG, Jul-Dec 63, pp 1-2, 10-12.

26. Ibid., p 8. There were 20 (18 mission programmed and 2 command support) C-131 aeromedical aircraft assigned the LAMIG(L) as of 31 Dec 63.

percent manned).²⁷ This number included 37 pilots, 22 copilots, 30 flight mechanics, 37 flight nurses, and 69 medical technicians, comprising 29 aircrews,²⁸ versus 28 crews authorized. The group's capability was backed up by Air Reserve Forces (Air Force Reserve and Air National Guard) aeromedical airlift-augmenting elements at various locations in the CONUS with which the group maintained liaison through 12 advisory detachments.²⁹ Command, control, and coordination of aeromedical airlift operations were exercised through a central aeromedical evacuation control center at Brooks AFB and subordinate centers at squadron and four detachment locations.³⁰ Flying a network of trunkline and feeder flights,³¹ the group delivered an average of 2,638 patients (total 15,830) monthly, July-December 1963.³²

(U) A major reorganization of the Domestic Aeromedical Airlift System took place 1 April-1 June 1964, in which all components of the LAMTG were discontinued or realigned. The successor organization was the 1405 Aeromedical Transport Wing (AMTWg), activated 1 June 1964, with headquarters at Scott AFB, Illinois. The 1405th absorbed

27. Hist, LAMTG, Jul-Dec 63, p 7, Sup Doc-2.

28. Ibid., Sup Doc-1. A C-131 aeromedical crew consisted of six personnel: pilot, copilot, flight mechanic, flight nurse, and two medical technicians (hist, 1405 Aeromedical Transport Wing, Jun-Dec 64, p 52). The C-131 aeromedical aircraft had a normal mission capacity of nine litter and 16 ambulatory patients.

29. Hist, LAMTG, Jul-Dec 63, p 2; medical hist, LAMTG, Jul-Dec 63, pp 1, 20-22.

30. Hist, LAMTG, Jul-Dec 63, p 2; medical hist, LAMTG, Jul-Dec 63, p 5.

31. Hist, LAMTG, Jul-Dec 63, pp 10-12, Sup Doc-4.

32. Ibid., pp 14-15, Sup Doc-5.

the mission and most of the resources of the LAMTG, but it had a double responsibility. It maintained and operated the CONUS aeromedical airlift system and was also the base organization at Scott AFB.

The 1405th operated directly under Headquarters MATS--not under WESTAF
 33
 as had its predecessor.

(U) The newly configured 1405 AMTWg performed the domestic aeromedical airlift mission through its components at seven locations. It had four aeromedical transport squadrons (10th at Kelly, 11th at Scott, 12th at McGuire, and 13th at Travis AFBs) and three detachments (Det 1, 12 AMTSq, Andrews AFB; Det 2, 12 AMTSq, Maxwell AFB; and Det 2, 11 AMTSq, Lowry AFB).
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 The four aeromedical transport squadrons flew the aeromedical airlift. A total of 3,073 (281
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 officers, 1,493 airmen, and 1,299 civilians) were assigned the wing as of 30 June 1964.
 36
 Command, control, and coordination of aeromedical airlift operations were exercised through a central aeromedical evacuation command post at Scott AFB and subordinate centers at squadron and the three detachment locations.
 37
 Flying a network

33. Hist, 1405 AMTWg, Jun-Dec 64, pp 7-13; hist (S), MATS, Jan-Jun 64, pp 58-65.

34. Hist, 1405 AMTWg, Jun-Dec 64, p 14.

35. Ibid., p 51. There were 18 C-131 and two C-118 aeromedical aircraft assigned the 1405 AMTWg as of 31 Dec 64. The C-118 aeromedical aircraft normally had an aircrew of eight: aircraft commander, copilot, flight mechanic, two nurses, and three medical technicians. It had a normal mission capacity of 18 litter and 30 ambulatory patients.

36. Hist, 1405 AMTWg, Jun-Dec 64, pp 26-27.

37. Ibid., pp 54-55.

of trunkline and feeder flights, the 1405th delivered an average of 2,891 patients per month (total 20,237) during June-December 1964.³⁸

Pacific Aeromedical Airlift Organization

(U) The MATS aeromedical airlift mission in the Pacific area was accomplished throughout 1964 by the 1453 Aeromedical Evacuation Squadron (AMESq), Hickam AFB, Hawaii, and its Det 1, Tachikawa AB, Japan. MATS Regulation 23-1B, 2 July 1964,³⁹ described this mission as:⁴⁰

Aeromedical Evacuation. This entails evacuation of patients from designated MATS turnaround bases and Joint Chiefs of Staff approved offshore evacuation points. It may also involve evacuation of patients from forward airfields to medical facilities in rear holding areas in conjunction with airlanded supply, and airborne or resupply missions in a theater of operations. In the latter case, aeromedical crew support will be provided normally from resources of the theater commander.

(U) The 1453d was a component of WESTAF's 1502 Air Transport Wing (Heavy), headquartered at Hickam AFB, Hawaii. This squadron was responsible for movement by air of patients from the Pacific area to the CONUS and within the Pacific area as directed. It operated a patient movement center at Hickam AFB and a subordinate center

38. Ibid., p 59.

39. Hists, 1502 Air Transport Wing (H)(WESTAF)(MATS), Jan-Jun 64, I, pp 14, 130-131, and Jul-Dec 64, I, pp 14-15, 101-102.

40. MATS Regulation 23-1, Organization and Mission--Field: Western Transport Air Force (WESTAF), 23 Oct 63, amended by MR 23-1A, 23 Jan 64, and MR 23-1B, 2 Jul 64 (hist, MATS, Jan-Jun 64, II, Sup Doc I-4) and superseded by MR 23-2, 13 May 66 (hist, MAC, Jul 65-Jun 66, IV, Sup Doc I-7).

at Tachikawa AB and provided in-flight medical care for patients.⁴¹
 It had no aircraft assigned. As of December 1964, there were 22 personnel (7 officers, 14 airmen, and 1 civilian) assigned the 1453d at Hickam AFB versus an authorization of 21; 37 personnel (14 officers and 23 airmen) were assigned Det 1 at Tachikawa AB compared with an authorization of 36.⁴² Airlift by MATS transport aircraft moved an average of 342 patients (yearly total 4,108) in 12 flights⁴³ per month over Pacific routes during January-December 1964.

European Aeromedical Airlift Organization

(U) The Military Air Transport Service was responsible for transatlantic aeromedical evacuation from Europe to the CONUS throughout calendar year 1964, plus aeromedical airlift within the European theater, July-December 1964 (a function performed by United States Air Forces in Europe [USAFE], January-June 1964).⁴⁴ The MATS transatlantic aeromedical airlift, January-June 1964, was managed by the 1454 Aeromedical Evacuation Squadron (AMESq), a MATS unit at Rhein-Main AB, Germany. This unit was a component, January-March 1964, of EASTAF's 1602 Air Transport Wing, headquartered at Chateauroux AS, France, and an element, April-June 1964, of EASTAF's 332 Air

41. Hist, 1502 ATWg, Jan-Jun 64, I, pp 130-131.

42. Ibid., Jul-Dec 64, I, p 42.

43. Hists, 1502 ATWg, Jan-Jun 64, I, p 131, and Jul-Dec 64, I, p 102.

44. Hist, 322 Air Division (EASTAF) (MATS), Jul-Dec 64, pp 27-28.

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 Division, headquartered at Chateauroux AS, which replaced the 1602d. The 1454th operated the transatlantic aeromedical evacuation control center at Rhein-Main AB and provided in-flight patient care on the Europe-CONUS aeromedical flights. There were no aircraft assigned the squadron; the aeromedical flights were flown by MATS airlift transport organizations. An average of 323 patients a month (total 1,938) were airlifted from Europe to the CONUS, January-June 1964.⁴⁶

(U) Mission responsibility for aeromedical evacuation in the European theater was realigned from USAFE to MATS, July 1964, in accordance with USAFE/MATS Junction Run Agreement of 2 December 1963.⁴⁷ The resulting MATS aeromedical airlift organization in Europe was the 2 Aeromedical Evacuation Group (AMEGp), Rhein-Main AB, Germany, with its two subordinate detachments (Det 1, Mildenhall RAF Station, United Kingdom, and Det 2, Athens, Greece).⁴⁸ These aeromedical elements belonged to EASTAF's 322 Air Division. This transfer of aeromedical airlift responsibility included the United States Logistic Group and the Middle East areas.⁴⁹ Although MATS had mission

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45. Hist (S), MATS, Jan-Jun 64, I, pp 42-45; hist (S), EASTAF (MATS), Jan-Jun 64, I, pp 12-13, 16.
 46. Hist, 322 Air Division, Jul-Dec 64, p 87.
 47. Doc "Junction Run" Joint USAFE/MATS Plan for Realignment of Airlift Responsibilities in USAFE (hist, MATS, Jul-Dec 63, II, Sup Doc I-7; hist (S), MATS, Jan-Jun 64, I, pp 42-49).
 48. MATS SO G-71, 20 May 64 (hist, 322 Air Division, Jul-Dec 64, pp 26-29, Sup Doc 11).
 49. Hist, 2 AMEGp, Jul-Dec 64, p 1 (hist, 322 Air Division, Jul-Dec 64, Sup Doc-1).

responsibility for intratheater aeromedical evacuation in Europe,
 USAFE⁵⁰ continued to exercise operational control of this airlift.

(U) The MATS transatlantic (Europe to CONUS) and European intratheater aeromedical airlifts, July-December 1964, were accomplished through the 2 AMEGp. This organization operated a central aeromedical evacuation control center (AECC) (transatlantic and intratheater) at Rhein-Main AB and two AECCs at its subordinate detachment locations, Mildenhall and Athens. The Mildenhall AECC, operated by Det 1, provided aeromedical airlift coordination in the United Kingdom; and the Athens AECC, a function of Det 2, coordinated patient airlift in Greece, Turkey, Crete, Libya, Iran, Saudi Arabia, Ethiopia, Lebanon, and elsewhere as required in the general area. Additionally, the group furnished aeromedical evacuation crews and medical equipment⁵¹ for in-flight patient care. Personnel resources of the group, December 1964, totalled an assigned strength of 104 (31 officers, 73 airmen) at Rhein-Main AB and five each (one officer, four airmen)⁵² at Mildenhall and Athens. There were 26 flight nurses assigned the group as of the end of December 1964.⁵³ Intratheater aeromedical

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50. Ibid., p 1. The 322 Air Division came under the operational control of USAFE.
51. Hist, 2 AMEGp, Jul-Dec 64, pp 1-5 (hist, 322 Air Division, Jul-Dec 64, Sup Doc-1).
52. Hist, 322 Air Division, Jul-Dec 64, p 33. Personnel authorizations were: 2 AMEGp, Rhein-Main, 31 officers, 80 airmen; Det 1, Mildenhall, 1 officer, 2 airmen; and Det 2, Athens, 1 officer, 4 airmen.
53. Hist, 2 AMEGp, Jul-Dec 64, p 17 (hist, 322 Air Division, Jul-Dec 64, Sup Doc-1).

airlift was performed by four C-118 and five C-131 aircraft operated by the 1455 Air Transport Squadron, Rhein-Main AB, a 322 Air Division component.⁵⁴ A total of 11,125 patients (84 urgent, 25 priority, and 11,016 routine) were moved over transatlantic and intratheater flight routes (an average of 1,854 per month), July-December 1964.⁵⁵

Reserve Forces Aeromedical Evacuation Units

(U) The active units of the MATS Aeromedical Evacuation (AE) System were backed up by well-organized MATS-gained reserves consisting of 14 Air Force Reserve (AFRes) and 32 Air National Guard (ANG) AE components at 32 different locations in the CONUS. Eastern Transport Air Forces (EASTAF) had two AFRes AE groups (eight AE squadrons) and four ANG AE squadrons (14 AE flights), while WESTAF had one AFRes AE group (three AE squadrons) and three ANG AE squadrons (11 AE flights) assigned. Headquarters EASTAF and WESTAF maintained an advisory detachment at their ANG and AFRes component locations for liaison and training purposes.⁵⁶

MEDICAL FACILITY SUPPORT OF PATIENT AIRLIFT

(U) Since aeromedical airlift was the transport by air to and between medical facilities of patients under medical supervision and care, the existence of adequate medical facility support at

54. Ibid., p 1.

55. Ibid., Attachment C-3.

56. MM 23-1. See App VIII, MATS/MAC-Gained Reserve Forces Aeromedical Evacuation Units, 1964 & 1971.

patient-originating, en route, and destination medical facilities was a basic requirement for the effective functioning of aeromedical evacuation. Such facilities were operated by Department of Defense and other agencies. MATS operated station medical facilities at its eight major bases: Dover AFB, Delaware; Hunter AFB, Georgia; Kindley AFB, Bermuda; Lajes Field, Azores; McGuire AFB, New Jersey; Orlando AFB, Florida; Scott AFB, Illinois; and Travis AFB, California. Included in the MATS medical organization were two Casualty Staging Units (CSUs): the 1st CSU at Scott AFB and the 2d CSU at Travis AFB. These CSUs functioned as an adjunct of the station hospital at their respective locations and provided for the reception, shelter, administration, feeding, medical care, and the dispatching of patients transiting their locations in the aeromedical evacuation system.

57

FUNDING PATIENT AIRLIFT

(U) MATS airlift service was industrially funded and reimbursement of this fund was required for all patients transported. The USAF reimbursed the MATS industrial fund for the movement of all US Armed Forces patients, while other users paid the fund stipulated rates for the patient transport utilized. Industrial funding of the MAC airlift service began on 1 July 1958. The Comptroller of

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57. MAC SEA Air Evac Corona Harvest Input, pp IV-I-38 thru IV-I-39. See Map V and Charts VI and XV of this study.
58. MR 160-2, Medical Service: Aeromedical Evacuation, Sec C, (hist, MAC, Jul 68-Jun 69, VIII, Sup Doc III-2).

[REDACTED]

HQ MAC performed overall command management of the Airlift Service
59
Industrial Fund (ASIF).

PLANNING FOR SEA WARTIME/EMERGENCY AEROMEDICAL EVACUATION

[REDACTED] The requirement in 1964 for the development and/or existence of necessary planning for wartime/emergency conditions had its basis in Department of Defense and USAF mission-related directives. For example, DOD Directive 5160.2, 7 December 1956, which established the Single Manager assignment for Airlift Service, specified that one of the general responsibilities of the Single Manager Agency for Airlift Service (MATS) was to "maintain an adequate emergency
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readiness position." Furthermore, AFR 23-17, 9 July 1963, the current MATS mission directive, contained the demand for planning in its overall statement of the MATS mission quoted in part: "The mission of MATS is to perform all airlift tasks under emergency conditions assigned by the Joint Chiefs of Staff in approved war plans
61
and appropriate JCS and Air Force guidance documents." MATS Manual 28-1, 12 June 1964, outlined the MATS world-wide aeromedical evacuation procedures, responsibilities, and concept of operations that were applicable in event of a general or limited war situation

59. Hist (S), Jan-Jun 67, XII, p 116.

60. DOD Directive 5160.2.

61. AFR 23-17, Organization and Mission--Field: Military Air Transport Service, 9 Jul 63 (hist, MATS, Jul-Dec 63, II, Sup Doc I-3).

[REDACTED]



62

involving the United States. The MATS emergency war plans and long range war plans in existence in 1964 included provisions for emergency medical support. There was, however, no specific MATS plan addressing the matter of augmenting aeromedical evacuation within and from the Pacific area available for implementation on 1 January 1965.

63

Two plans in effect during the latter part of 1964 applied to the 375 Aeromedical Airlift Wing, the organization which flew the CONUS aeromedical airlift beginning 1 June 1964. These plans were: 375 AAWg SRR-55 (Survival, Recovery and Reconstitution, July 1964) and 375 AAWg Special Plan 193 (Peacetime Mobilization or War Plan, July 1964).

64

(U) The Pacific and CONUS segments of the MATS Aeromedical Evacuation System were affected simultaneously by the accelerated demands for Southeast Asia patient airlift. The Pacific segment, the on-site aeromedical component, was responsible for patient transport within the Pacific and to the CONUS, while domestic aeromedical evacuation redistributed these patients from ports of debarkation to destination hospitals within the United States. An increase in the patients airlifted from overseas to the CONUS, therefore, meant an increase in the requirements for domestic patient airlift. The European segment of the MATS Aeromedical Evacuation System, however, was relatively unaffected by the increased patient airlift demands from Southeast Asia.

62. MATS Manual 28-1 (S), Wartime Planning: Wartime Policy and Procedures, 12 June 1964, pp 9-1 thru 9-6.

63. MAC SEA Air Evac Corona Harvest Input, p IV-V-1.

64. Ibid., p IV-V-6.



CHAPTER III: AEROMEDICAL AIRLIFT EXPANSION 1965 - 1968

(U) The Gulf of Tonkin Incident, 2-4 August 1964, marked the beginning of the expanded US involvement in Vietnam. Strength, casualty, and patient airlift statistics reflect dramatic changes between 1964 and 1965 and progressive increases between 1966 and 1968. At the close of 1964 there were approximately 23,300 US military persons in Vietnam, Southeast Asia (SEA). One year later this figure had multiplied to 184,300, and by the end of 1968 the total was 536,100. The US casualties in Vietnam paralleled this growth in strength, increasing from 147 killed and 522 hospitalized wounded in 1964 to 1,369 killed and 3,308 hospitalized wounded in 1965 and 14,592 killed and 46,799 hospitalized wounded in 1968.⁶⁵ MATS/MAC patient airlift also reflected these trends, increasing from 4,108 patients moved over Pacific air routes in 1964⁶⁶ to 8,520 in 1965;⁶⁷

65. The New York Times Encyclopedic Almanac 1970, p 719. Statistics in above paragraph are on a calendar year basis. See App II.

66. Hists, 1502 ATWg, Jan-Jun 64, I, p 131, and Jul-Dec 64, I, p 102.

67. Hist, 1502 ATWg, Jan-Jun 65, I, p 105, and Jul-Dec 65, I, p 160.

21,791 in 1966;⁶⁸ 53,513 in 1967;⁶⁹ and 113,741 in 1968.⁷⁰ CONUS aeromedical airlift likewise showed the impact of SEA operations, with patient airlift statistics climbing from an average of 2,891 patients (mostly patients of domestic origin) airlifted per month over domestic air routes in 1964⁷¹ to 3,553 in 1965;⁷² 4,143 in 1966;⁷³ 4,645 in 1967;⁷⁴ and 5,676 in 1968.⁷⁵

MANNING THE ACCELERATED MISSION

(U) The Pacific and CONUS segments of the MATS Aeromedical Evacuation System were configured in 1964 for a peacetime operation and were performing a relatively routine mission. There were no indications at that time of an impending jump in aeromedical evacuation requirements. The events of early 1965 changed all this. Vietcong terrorist attacks on US positions at Pleiku and Qui Nhon, Vietnam, 7 and 10-11 February,⁷⁶ respectively, and subsequent intensified guerrilla activity in the country, coupled with growing US participation in the fighting there, resulted in an upsurge in US

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68. Hists; 61 MAWg (22AF)(MAC), Jan-Jun 66, I, p 217, and Jul-Dec 66, I, p 182.
69. Hist, 61 MAWg, Jul-Dec 67, I, p 170.
70. Hists, 61 MAWg, Jan-Jun 68, I, p 185, and Jul-Dec 68, I, p 225. See App III.
71. Hist, 1405 AMTWg, Jun-Dec 64, I, p 59.
72. Aeromedical Evacuation Summary, Jan-Jun 65 and Jul-Dec 65.
73. MAC Aeromedical Evacuation Statistical Summary (subsequently cited as MAC Aeromed Stat Sumy), Jan-Dec 66.
74. MAC Aeromed Stat Sumy, Jan-Dec 67.
75. Ibid., Jan-Dec 68. The increase 1965-68 was due mainly to the influx of US patients from SEA. See App III.
76. The New Information Please Almanac Atlas and Yearbook 1971, p 413. See Chart I, 10 AEGp auth manning 1965-1968.

CHART I

THE IMPACT OF THE SOUTHEAST ASIA CONFLICT ON THE MAC PACIFIC AES (1965-1968)

AUTHORIZED MANNING 10 AEGP SYSTEM (1965-1968)

	CY 1965				CY 1966				CY 1967				CY 1968			
	FY 3/65	FY 4/65	FY 1/66	FY 2/66	FY 3/66	FY 4/66	FY 1/67	FY 2/67	FY 3/67	FY 4/67	FY 1/68	FY 2/68	FY 3/68	FY 4/68	FY 1/69	FY 2/69
10 AEGP, HICKHAM AFB, HAWAII	21	21	21	29	29	29	39	39	39	39	39	39	39	39	39	39
DET 1, 10 AEGP, ANDERSON AFB, GUAM							5	5	5	4	4	4	4	4	4	4
56 AESQ, YOKOTA AB, JAPAN	34	34	34	43	43	43	95	95	95	99	99	99	144	184	185	279
DET 1, 56 AESQ, KADENA AB, OKINAWA				5	5	5	4									
DET 1, 56 AESQ, ELMENDORF AFB, ALASKA													9	9	9	9
57 AESQ, CLARK AB, PHILIPPINES		2	4	51	51	52	97	97	97	99	103	103	103	103	103	103
DET 1, 57 AESQ, TAN SON NHUT AB, RVN							15	15	15	12	12	12	12	12	12	12
DET 2, 57 AESQ, CAM RAHN BAY AB RVN							11	15	15	10	10	10	10	10	10	10
DET 3, 57 AESQ, DA NANG AB, RVN										8	8	8	8	8	8	8
10 AEGP OVERALL	55	57	59	128	129	266	266	266	271	275	275	329	369	369	463	
10 AEGP OVERALL AEROMED CREWS AUTH	7	7	7	17	17	17	30	30	30	30	30	30	39	46	46	60

SOURCE: 10 AEGP UMD/UDL DOCUMENTS

DET 1, 56 AESQ, KADENA AB, OKINAWA, ESTABLISHED 1 AUG 65; DEACTIVATED 8 AUG 66

DET 1, 57 AESQ, TAN SON NHUT AB, RVN, ESTABLISHED 8 JUN 66

DET 2, 57 AESQ, CAM RAHN BAY AB, RVN, ESTABLISHED 8 AUG 66

DET 1, 10 AEGP, ANDERSON AFB, GUAM, ESTABLISHED 8 AUG 66

DET 3, 57 AESQ, DA NANG AB, RVN, ESTABLISHED 1 APR 67

DET 1, 56 AESQ, ELMENDORF AFB, ALASKA, ABSORBED FROM 375 AMAWG

1 AUG 66 & 34 AESQ ASSIGNED PCS TO YOKOTA AB, JAPAN, 15 OCT 68

casualties. Consequently, the requirements to airlift patients within and from SEA mounted thereafter, necessitating various adjustments in the supporting aeromedical airlift capability.

Augmenting the System

(U) In order to accomplish the SEA patient airlift mission in this period of rapidly expanding requirements and limited manning, it was necessary to augment immediately the responsible aeromedical evacuation units. Augmentation was a stopgap action pending permanent manning; however, it did provide essential manpower flexibility at the time. Various means were employed, utilizing both active and reserve force resources, to satisfy the urgent mission demands.

(U) One method employed effectively was the quick-reaction augmentation of the supporting aeromedical evacuation force with active flight crew personnel on temporary duty (TDY) to bridge the gap between upsurges in mission demands and actual manning. This line of action originated with the MAC Command Surgeon who, after the Vietcong terrorist attacks of February 1965, foresaw the urgency of augmenting the responsible aeromedical evacuation functions. Consequently, he developed and initiated a project known as Silver Dove, which identified 10 aeromedical flight crews (each crew consisting of two nurses and three medical technicians) at MAC medical facilities as available for 30- to 60-day TDY with MAC aeromedical evacuation units on '2 hours' notice.⁷⁷

77. MAC SEA Air Evac Corona Harvest Input, 1965-68, pp IV-V-1 thru IV-V-2.

(U) On 19 March 1965 the MATS Command Surgeon submitted Project Silver Dove to Headquarters USAF with the recommendation that a similar plan be developed by USAF requiring other major air commands to furnish aeromedical evacuation augmentees on the same basis when MATS had exhausted its Silver Dove resources. The USAF Surgeon General concurred with the MATS proposal and issued a USAF Augmentation Plan 1-67, White Eagle, 24 June 1965, which tasked each major air command to prepare an implementing plan to provide specified numbers of aeromedical evacuation crews to augment the MATS aeromedical evacuation system for periods up to 60 days or more depending upon the need. This was Phase II Augmentation of the MATS Aeromedical Evacuation System which was to be implemented after the application of all MATS Silver Dove assets. In response to the White Eagle plan, MATS developed Special Plan 167, Silver Dove, 9 July 1965. These plans were later revised and refined. White Eagle was superseded by USAF Augmentation Plan 1-67, Patch Up, 28 February 1967; and Silver Dove was replaced by MAC Special Plan Cold Dove, 7 August 1967.⁷⁸

(U) MATS' plan Silver Dove was implemented in August 1965 to alleviate the intense shortage of aeromedical personnel. In September 1965 USAF's plan White Eagle provided additional required TDY personnel. Heavy demands for aeromedical airlift led to the implementation of both plans again in 1966, 1967, and 1968.⁷⁹

78. Ibid., pp IV-V-2 thru IV-V-4.

79. Ibid., pp IV-III-30.

(U) Active force personnel were also used to augment the aeromedical evacuation force in USAF Project Top Dog. This plan, implemented in 1965, placed medical administrative personnel from other major air commands TDY at MAC aeromedical evacuation control centers in the Pacific, thereby releasing assigned MAC medical technicians⁸⁰ for flying duty.

(U) MATS/MAC Reserve Forces (Air Force Reserve and Air National Guard) resources were likewise utilized to augment the patient airlift. For this purpose, individuals as well as units were employed for varying periods of time.

(U) The aeromedical evacuation system was augmented in 1967 from reserve resources by USAF's Texas Plan. This program involved the use of Reserve Forces personnel on "live mission" training during their annual tours of active duty. In the period January-June 1967 a total of 47 ANG and AFRes flight nurses and 225 medical technicians were utilized on their 15-day live mission training and 55 AFRes technicians with no prior aeromedical experience were utilized on 30-day indoctrination training.⁸¹

(U) In August 1965, as agreed in MATS/ANG/1405 AMTWg Memorandum of Understanding, dated 20 July 1965 (as amended), the Air National Guard began flying CONUS aeromedical airlift missions in support

80. Hist, 1502 ATWg, Jul-Dec 65, I, p 147.

81. MAC SEA Air Evac Corona Harvest Input, Jan 65-Mar 68, p IV-III-31.

of the 1405th. The first such flight was a C-121 feeder mission flown on 1 August 1965, with subsequent flights as needed. This support was initiated due to the added workload of distributing within the CONUS the increasing number of SEA patients moved to Travis AFB, California. The Guard furnished its own aircraft and crews for these flights; however, the 1405th furnished one flight nurse and one medical technician for each mission and exercised operational control.

(U) An expansion of the primary mission of the 1405th to include responsibility for providing aeromedical evacuation service to and from North Atlantic and Caribbean offshore areas (Labrador, Newfoundland, Bermuda, Puerto Rico, Cuba, and Canal Zone) beginning 15 August 1965, and to and from Alaska starting 12 September 1965 (airlift previously furnished by EASTAF and WESTAF units), necessitated an increase in Guard support. The ANG began flying for the 1405th the aeromedical evacuation service to and from Alaska, one mission every two weeks with C-97 aircraft, beginning 13 September 1965. On 3 October 1965 it started flying the Atlantic and Caribbean offshore patient airlift, one mission every two weeks with C-121 aircraft. It continued to

82. Hist, 1405 AMTWg (MATS), Jul-Dec 65, pp 35-38. Seven ANG groups (145 ATGp, Charlotte, NC; 153 ATGp, Cheyenne, WY; 167 ATGp, Martinsburg, WV; 168 ATGp, Olmstead, PA; 170 ATGp, McGuire AFB, NJ; 171 ATGp, Pittsburgh, PA; and 172 ATGp, Jackson, MS), each group equipped with eight UE C-121 aircraft, flew the North Atlantic and Caribbean offshore missions. The 146 ATWg (ANG), Van Nuys, CA, consisting of three groups (146 ATGp, Van Nuys, CA; 151 ATGp, Salt Lake City, UT; and 161 ATGp, Phoenix, AZ), equipped with 32 UE C-97 aircraft, flew the Alaskan missions.

fly the Alaskan aeromedical airlift service until 13 August 1968, when this support became unnecessary due to coverage of this route with C-141s. The Guard flew the North Atlantic and Caribbean off-shore aeromedical missions until 30 May 1970, after which time this service was provided by the 375 Aeromedical Airlift Wing C-9As and ⁸³ Twenty-First Air Force C-141s.

(U) Acceleration of SEA patient airlift demands in early 1968 led to the callup of a number of Reserve Forces units to augment the Pacific and CONUS aeromedical evacuation force. Three units ⁸⁴ were called up in this action effective 13 May 1968. The 171 Aeromedical Evacuation Group (ANG), Greater Pittsburg Airport, Pennsylvania, was called to extended active duty and assigned to the 375 Aeromedical Airlift Wing. This organization augmented the CONUS aeromedical evacuation until 12 December 1968 when it was ⁸⁵ released from active duty. In another action the 52 Medical Service Squadron (AFRes) was called to active duty to augment the 2 Casualty Staging Unit at Scott AFB, Illinois. This unit was released ⁸⁶ from active duty on 18 June 1969. The third unit called to active duty at this time was the 34 Aeromedical Evacuation Squadron (921 MAGp) (AFRes), Kelly AFB, Texas. This unit augmented the Pacific

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83. Intvw, Cecil L. Reynolds, historian (subsequently cited as CLR), with Miss Connie Athmer, 375 DOT, 30 Jun 71; intvw, CLR with Mr. Raymond H. Hurn, 375 DOT, 28 Aug 72.
84. MAC SO G-62, 12 Apr 68.
85. MAC SO G-329, 5 Dec 68.
86. MAC SO G-80, 2 Apr 69.

aeromedical evacuation at Yokota AB, Japan, through 1 June 1969, when⁸⁷
 it was returned to the United States,⁸⁸ and released from active duty
 on 18 June 1969.

Designing the Organization

(U) The MATS/MAC aeromedical evacuation system went through various organization and unit authorization changes during the period of the US buildup in SEA, 1964-1968.⁸⁹ Initial changes began in 1965 with subsequent adjustments in organization and manning as required to support SEA operations. In the Pacific these changes began with the organization at Clark AB of Det 2, 1453 AMESq, on 1 March 1965,⁹⁰ followed on 1 August 1965 with establishment at Kadena AB of Det Prov 1st of the 1453d⁹¹ to handle the increased patient traffic. The organization of the MAC Pacific aeromedical evacuation system 1 January 1965-31 March 1968 is shown on Chart III.⁹²

(U) On 18 August 1965 Headquarters MATS proposed to Headquarters USAF a reorganization and expansion of the MATS Pacific aeromedical

87. PACAF MO 17, 4 Apr 69.

88. MAC SO G-80, 2 Apr 69.

89. See App VII, MATS/MAC Aeromedical Evacuation Unit Changes 1964-1971, and Charts I thru V. Chart VI shows the MAC Medical Service Capability by base, 31 Jul 68.

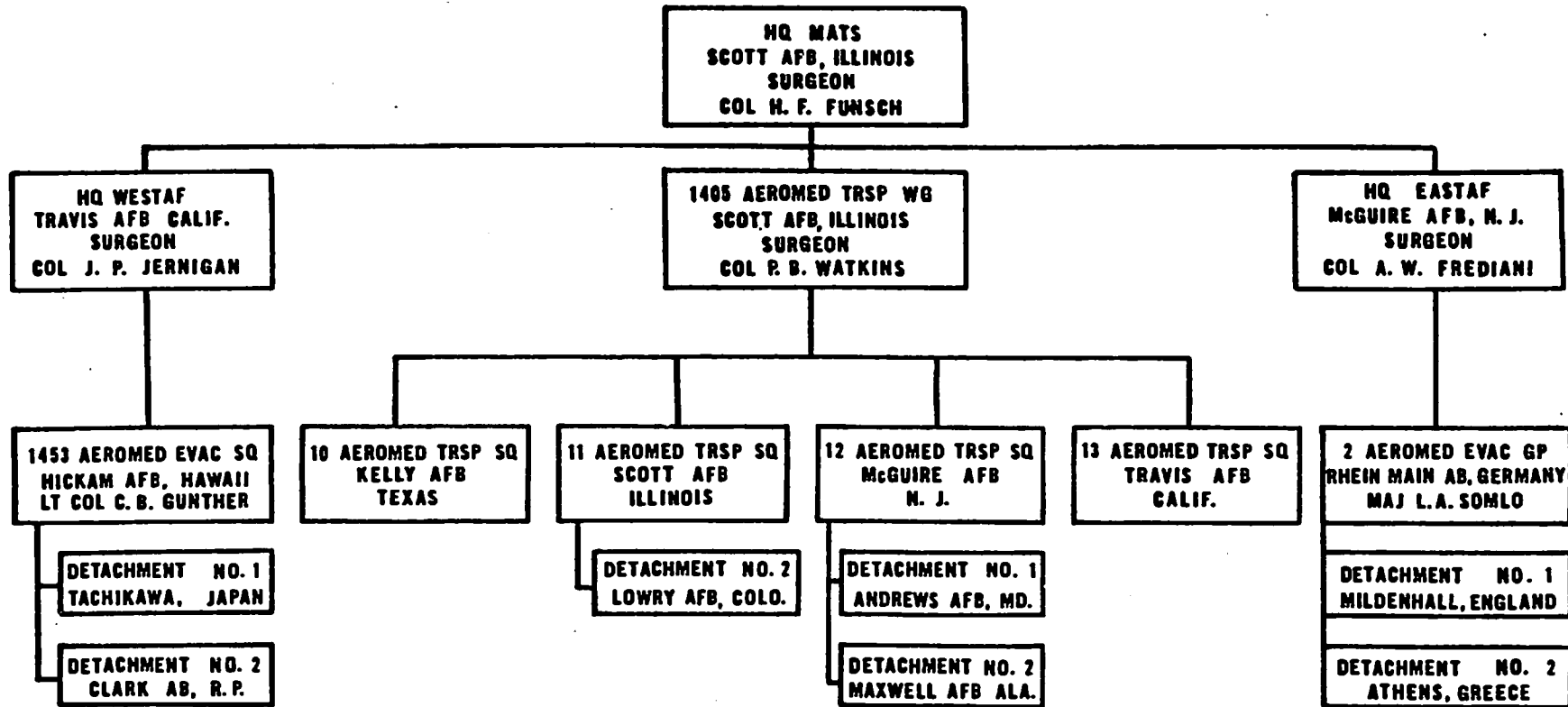
90. MATS SO G-23, 26 Feb 65.

91. MATS SO G-107, 23 Aug 65.

92. Project Corona Harvest, The Impact of the Southeast Asia Conflict on the MAC Pacific Aeromedical Evacuation System, 1 Jan 65 through 31 Mar 68, HQ 10 Aeromedical Evacuation Group, Jun 69 (subsequently cited as 10 AEGp Corona Harvest Input, Jan 65-Mar 68), p 14.

MATS AEROMEDICAL EVACUATION ORGANIZATION

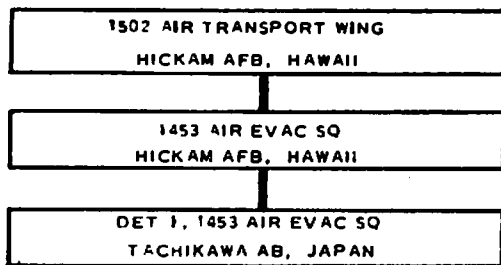
SCHEMATIC REPRESENTATION - 1965



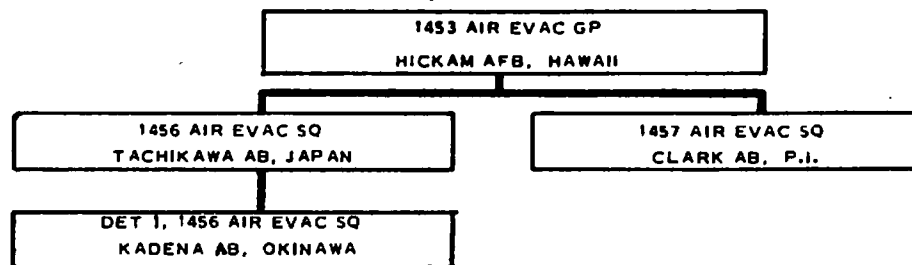
SOURCE: Strategic Airlift Input to Project Corona Harvest, Jan 65-Mar 68, MAC Command Surgeon, 31 Dec 69, p IV-V-14.

CHART III
ORGANIZATIONAL DEVELOPMENT OF THE
MAC PACIFIC AEROMEDICAL EVACUATION SYSTEM
DURING THE PERIOD
1 JANUARY 1965 THROUGH 31 MARCH 1968

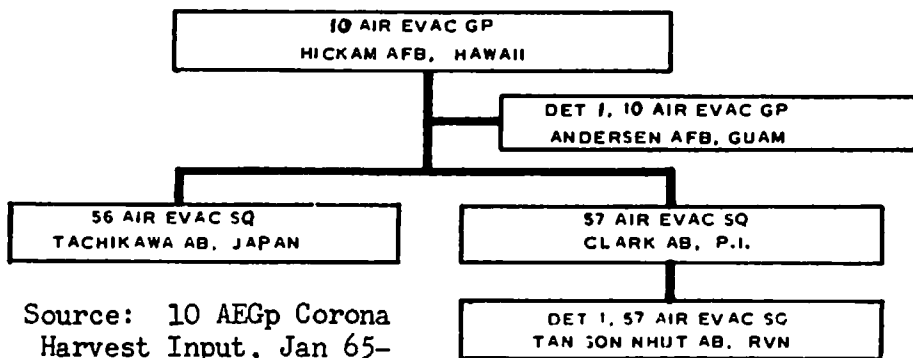
ORG CHART
MAC PACIFIC AES
1 JANUARY 1965



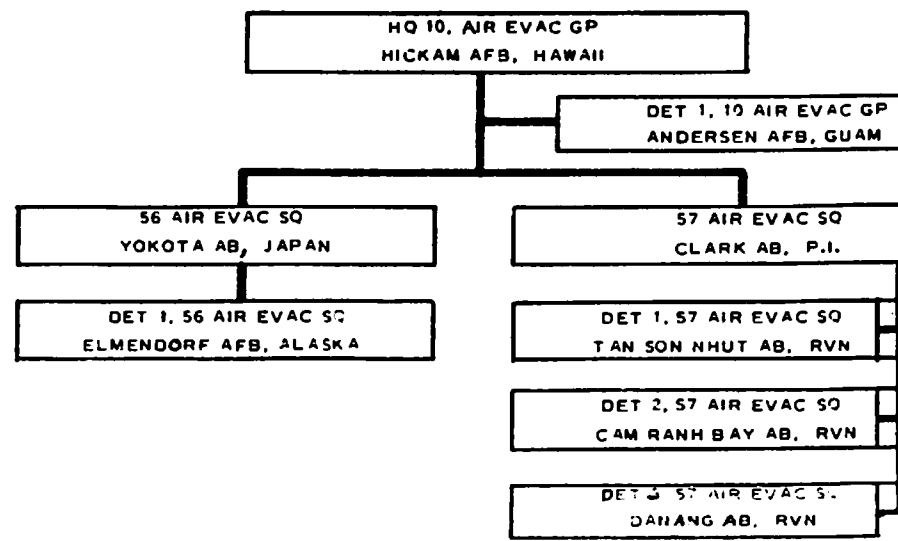
ORG CHART
MAC PACIFIC AES
1 JANUARY 1966



ORG CHART
MAC PACIFIC AES
1 JANUARY 1967

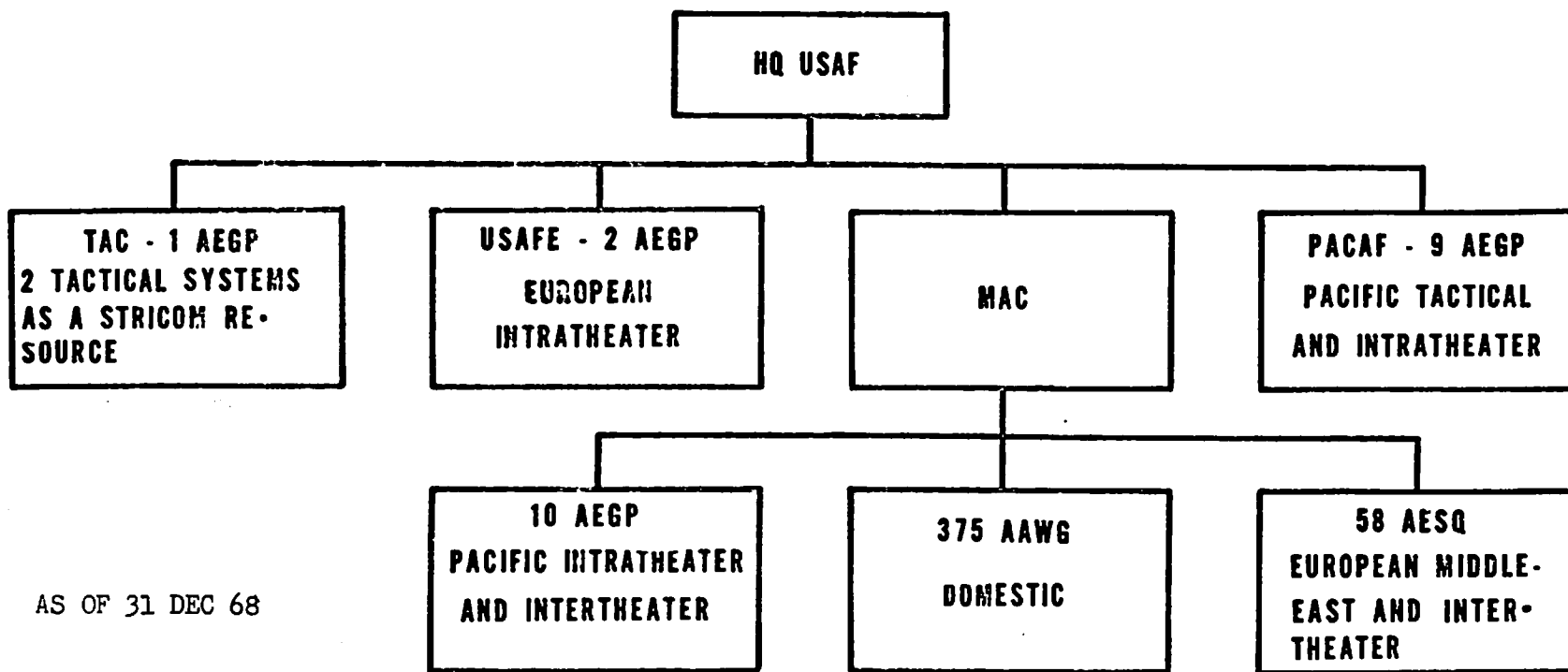


ORG CHART
MAC PACIFIC AES
1 JANUARY 1968



Source: 10 AEGp Corona Harvest Input, Jan 65-Mar 68, p 14.

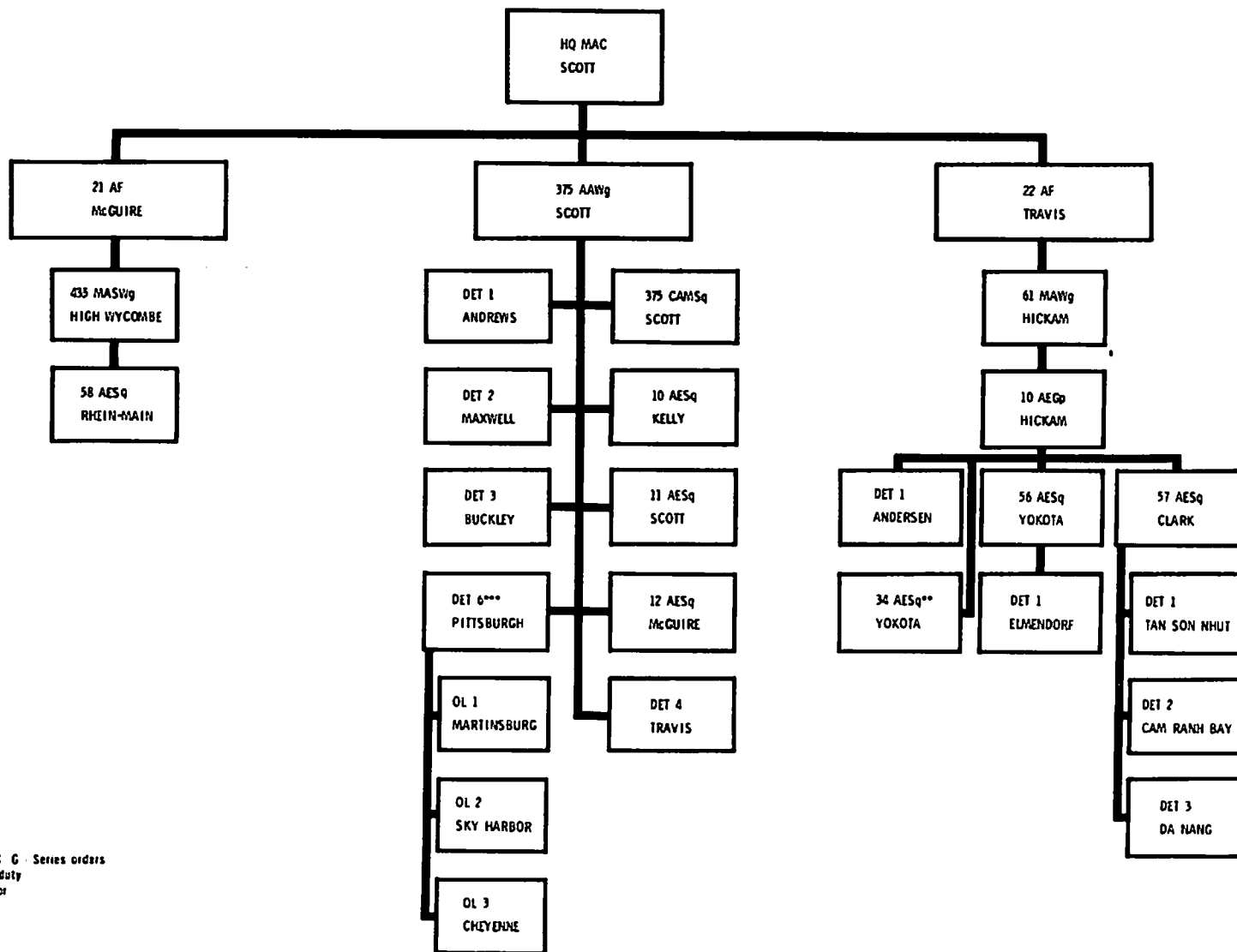
USAF AEROMEDICAL EVACUATION ORGANIZATION



AS OF 31 DEC 68

SOURCE: Strategic Airlift Input to Corona Harvest, Jan 65-Mar 68, MAC Command Surgeon, 31 Dec 68, p. IV-V-31.

ORGANIZATION CHART OF MAC AEROMEDICAL EVACUATION SYSTEM 31 Dec 68 *



* Source: MM 23-1: MAC G Series orders
 • AFRes unit on active duty
 •• Reserve Forces advisor

MAC MEDICAL SERVICE CAPABILITY BY BASE

LOCATION AND DESIGNATION	Normal Bed Auth	Inact Beds	CSU Beds	Dental Units	BLOOD		Capability (beyond general practice) & Remarks
					Process Cap	Collect Cap	
Charleston AFB, South Carolina 1608 USAF Disp Class A	15	9	-	A-26 ^a	No	No	Aviation Medicine, Pediatrics, Internal Medicine. Short-term base support hospitalization; complicated cases transferred to Charleston Navy Hospital.
				B-15 ^b			
Dover AFB, Delaware 1607 USAF Hosp	55	45	-	A-29	No	No	Aviation Medicine, Pediatrics, Internal Medicine, General Surgery, & OB-GYN. General base support hospital.
				B-17			
Kindley AFB, Bermuda 1604 USAF Disp Class A	15	35	-	A-5	No	No	Aviation Medicine, Pediatrics. Short-term base support hospitalization; obstetrics by civilian medicare; other complicated cases air evacuated.
				B-6			
Lajes AB, Azores 1605 USAF Hospital	25	125	-	A-8	No	No	Aviation Medicine, Pediatrics, Internal Medicine, General Surgery, OB-GYN, & Psychiatry. General base-support hospital.
				B-6			
McGuire AFB, New Jersey 1611 USAF Disp Class B	-	-	-	A-33	Yes ^{1,2}	No	Outpatient care only for base military personnel, Aviation Medicine, Internal Medicine, Dependents receive all care and military are hospitalized at Walston Army Hospital, Ft. Dix, N.J.
				B-26			
Norton AFB, California 1601 USAF Disp Class A	12	-	-	A-26	No	Yes ²	Aviation Medicine, Pediatrics, Internal Medicine. Short-term base support hospitalization; complicated cases transferred to March AFB, Calif. New Dispensary building dedicated 6 Feb 66.
				B-25			
Orlando AFB, Florida 1360 USAF Hosp	120	242	-	A-5	No	No	Aviation Medicine, Pediatrics, Internal Medicine, General Surgery, Urology, EENT, Orthopedics, OB-GYN, Pathology, Radiology, Anesthesiology. Regional specialty care hospital. Direct referral to Physical Evaluation Board Authority.
				B-5			
Scott AFB, Illinois USAF Hosp Scott	300	105	120	A-26	No	Yes ²	All specialties except neurosurgery, plastic surgery, Gastroenterology, Allergy, & Open Heart Surgery. National specialty care center; the only AF tuberculosis center; has dental internship teaching program. Direct referral to Physical Evaluation Board Authority.
				B-18			
Travis AFB, California David Grant USAF Hosp	385	15	250	A-49	Yes ²	No	All specialties, AF's 2d largest full medical center with both an internship and residency teaching program. Direct referral to Physical Evaluation Board Authority.
				B-30			

¹ Active Tri-Serv Lab for 7500 pints weekly.

² Standby for 3000 pints daily.

³ 120 Pints Daily.

^a A-Auth

^b B-In Use

Source: AF-M26
3-AF-M5

As of 31 Jul 68

SOURCE: Management Information Summary, MAC DCS/Compt, Surgeon, 28 Aug 68

evacuation system and substantial increases in the manning of the Pacific and CONUS aeromedical evacuation. This action was taken following a staff visit by the MATS Surgeon to Headquarters Pacific Air Forces and conferences with United States Army Pacific, Pacific Fleet, and Pacific Command. In justification of its proposal, Headquarters MATS stressed the estimated threefold increase in patient evacuation from SEA by December 1965 and asserted that the SEA aeromedical evacuation workload could not be accommodated on a continuing basis with TDY personnel without affecting adversely the aeromedical evacuation mission and the operation of CONUS medical facilities.

(U) The reorganization proposed an expansion of the Pacific aeromedical evacuation system to six operating locations: (1) 1453 AMESq, Hickam AFB, was to be reorganized as a group, (2) Det 1, 1453 AMESq, Tachikawa AB, was to be made a squadron, (3) Operating Location, 1453 AMESq, Kadena AB, was to become Det 1 of a new squadron at Tachikawa AB, (4) Det 2, 1453 AMESq, Clark AB, was to be formed as a squadron with detachments at Saigon and Cam Ranh Bay, Vietnam.

(U) Proposed manpower changes increased manning by 395 authorizations, to be provided from other than MATS resources: (1) an

93. Ltr, MATS to USAF, subj: Reorganization and Augmentation for Aeromedical Evacuation System, 18 Aug 65 (hist, MATS, Jul 65-Jun 66, V, Sup Doc I-57).

94. 10 AEGp Corona Harvest Input, Jan 65-Mar 68, p 14.

increase from 60 to 163 authorizations for the MATS Pacific aeromedical evacuation system, (2) an increase from 47 to 131 authorizations for the 2 Casualty Staging Flight, Travis AFB, (3) an increase of five airman authorizations for the USAF Hospital Travis food service facility, (4) an increase from 37 to 53 authorizations for the 1 Casualty Staging Flight, Scott AFB, and (5) an increase of 187 manpower authorizations for the 1405 AMTWg to provide additional aircrew, medical crews, aircraft maintenance personnel to support an increase in utilization rate from four to five hours for the currently authorized and possessed aircraft.⁹⁵

(U) The first four proposals to reorganize and expand the MATS Pacific aeromedical evacuation system were implemented on 1 November 1965 with USAF approval. On that date the 1453 AMESq, Hickam AFB, was discontinued and organized as the 1453 AMEGp; Det Prov, 1st (1453 AMESq), Kadena AB, was discontinued and organized as Det 1, 1456 AMESq; Det 1, 1453 AMESq, Tachikawa AB, was discontinued and organized as 1456 AMESq, 1453 AMEGp; and Det 2, 1453 AMESq, Clark AB, was discontinued and organized as 1457 AMESq, 1453 AMEGp.⁹⁶ On 13 January 1966 the 1453 AMEGp, Hickam AFB, was discontinued and organized as the 10 AMEGp; the 1456 AMESq, Tachikawa AB, discontinued and organized as the 56 AMESq (10 AMEGp); and the 1457 AMESq, Clark AB, discontinued and organized as the 57 AMESq (10 AMEGp).⁹⁷ For want of adequate

95. Ibid.

96. MATS SO G-140, 21 Oct 65, amended by MATS SO G-147, 28 Oct 65.

97. MAC SO G-3, 3 Jan 66.

[REDACTED]

facilities, Det 1, 57 AMESq, was not established at Tan Son Nhut Air-
field, Vietnam, until 1 June 1966⁹⁸ and Det 2, 57 AMESq, at Cam Ranh
Bay AB, Vietnam, until 8 August 1966.⁹⁹

(U) In September 1965 Headquarters USAF approved 195 manpower authorizations for the expansion of the Pacific and CONUS aeromedical evacuation system. This was 200 short of the initial request of 395. The Pacific aeromedical evacuation system was authorized 71 additional spaces, the 2 Casualty Staging Flight 84 spaces, and the CONUS aeromedical evacuation system 40 spaces. Eighty-one of the 195 authorizations were for medical crews.¹⁰⁰ This ended the first phase of the buildup of the MATS aeromedical evacuation system for the Vietnam conflict.

[REDACTED] The second round of manning increases for the Pacific and CONUS aeromedical evacuation system followed a planning conference held by the Pacific Command in Hawaii, January 1966, and a similar MAC/Pacific Air Forces aeromedical evacuation conference a month later. These conferences developed a position on the expected patient airlift requirements, aeromedical evacuation crew demands, and the support personnel needed to accommodate the anticipated aeromedical airlift workload. Based on the data at hand, Headquarters MAC requested Headquarters USAF for increases in manning authorizations effective

98. MAC SO G-76, 15 Apr 66.

99. MAC SO G-110, 27 Jun 66.

100. Hist (S), MAC, Jul 65-Jun 66, I, p 342.

[REDACTED]

1 July 1966. Manpower actions by 15 August 1966 increased the permanent assigned medical personnel of the MAC aeromedical evacuation system to a total of 727.¹⁰¹ This figure increased to 897 by 30 June 1967 and 1,142 by 30 June 1968.¹⁰² This manning, augmented as required, was sufficient to accomplish the aeromedical evacuation mission.

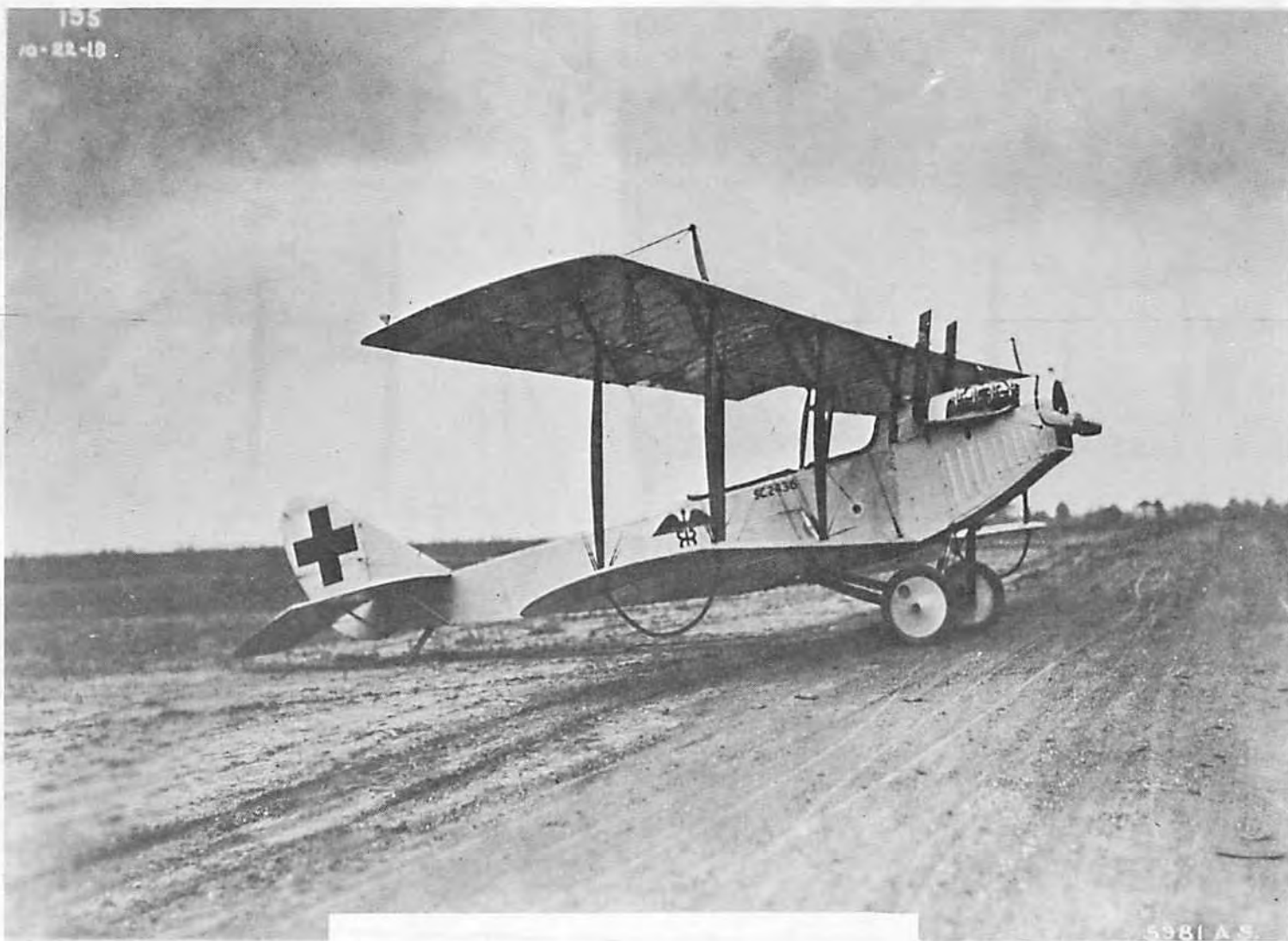
JET AEROMEDICAL EVACUATION BREAKTHROUGH

(U) The years 1965-1968 brought important advances in the aeromedical airlift vehicle. This period saw a decline in the use of propeller-driven aeromedical evacuation aircraft and the accelerated utilization of jet aeromedical evacuation.

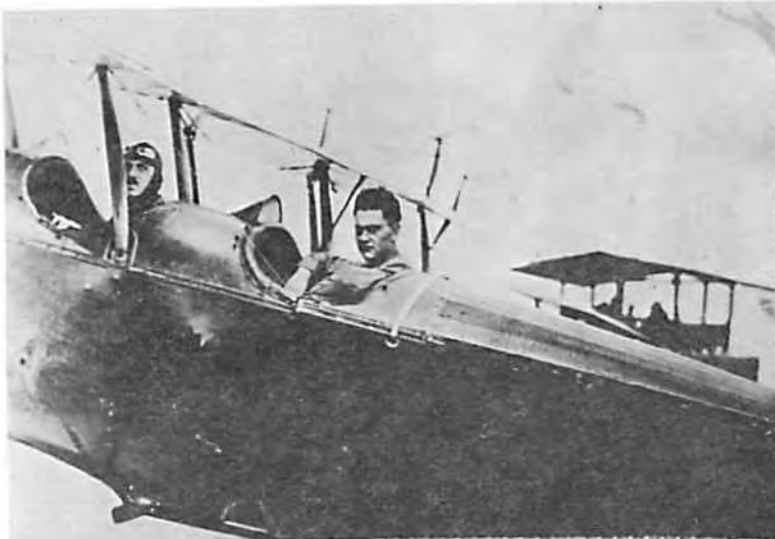
Phasedown of Propeller-Driven Aeromedical Evacuation Aircraft

(U) The aircraft assigned the CONUS and European segments of the MATS aeromedical evacuation system in 1965 were all of the conventional propeller-driven type. On 30 June 1965 there were 18 C-131s and four C-118s assigned the CONUS aeromedical evacuation system and five C-131s and five C-118s assigned MATS aeromedical evacuation units in Europe.¹⁰³ The Pacific segment had no aircraft assigned in 1965.

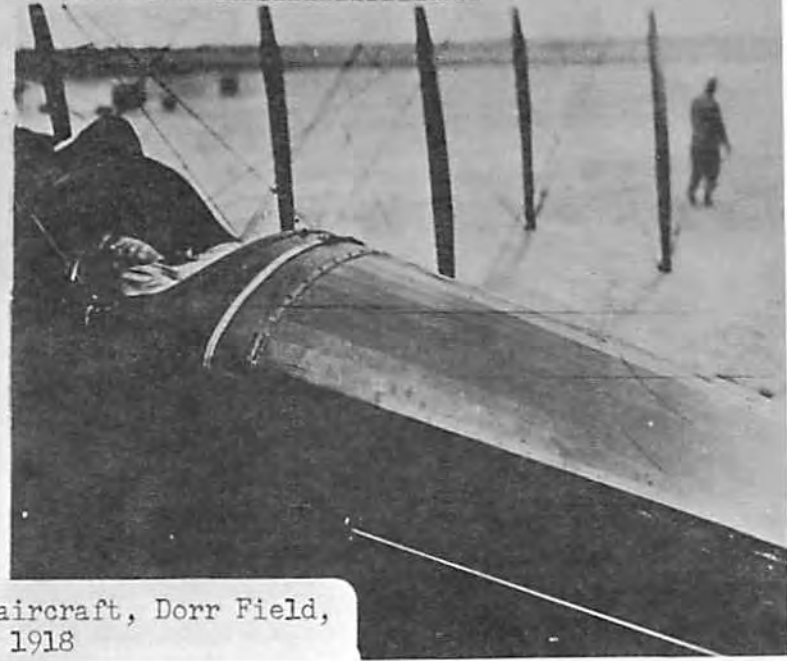
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101. MAC SEA Air Evac Corona Harvest Input, 65-68, pp IV-III-23 thru IV-III-24. The personnel total included 181 flight nurses, 362 aeromedical technicians, and 184 other personnel.
 102. MAC Alft Data Summaries, FY 67 and 68, p 5.14. See App VI, MATS/MAC Aeromedical Evacuation Personnel 1964-1971.
 103. App IV, MATS/MAC Aeromedical Evacuation Aircraft Statistics, FY 64-FY 71. Aeromedical evacuation transport in the Pacific was by MATS transport aircraft. See App V, Standard Medical Requirements and Comparison by Type Aircraft. The following photographs show aeromedical evacuation aircraft.



Early aeromedical evacuation.
JN-4 Aeromedical Aircraft, 22 Oct 18



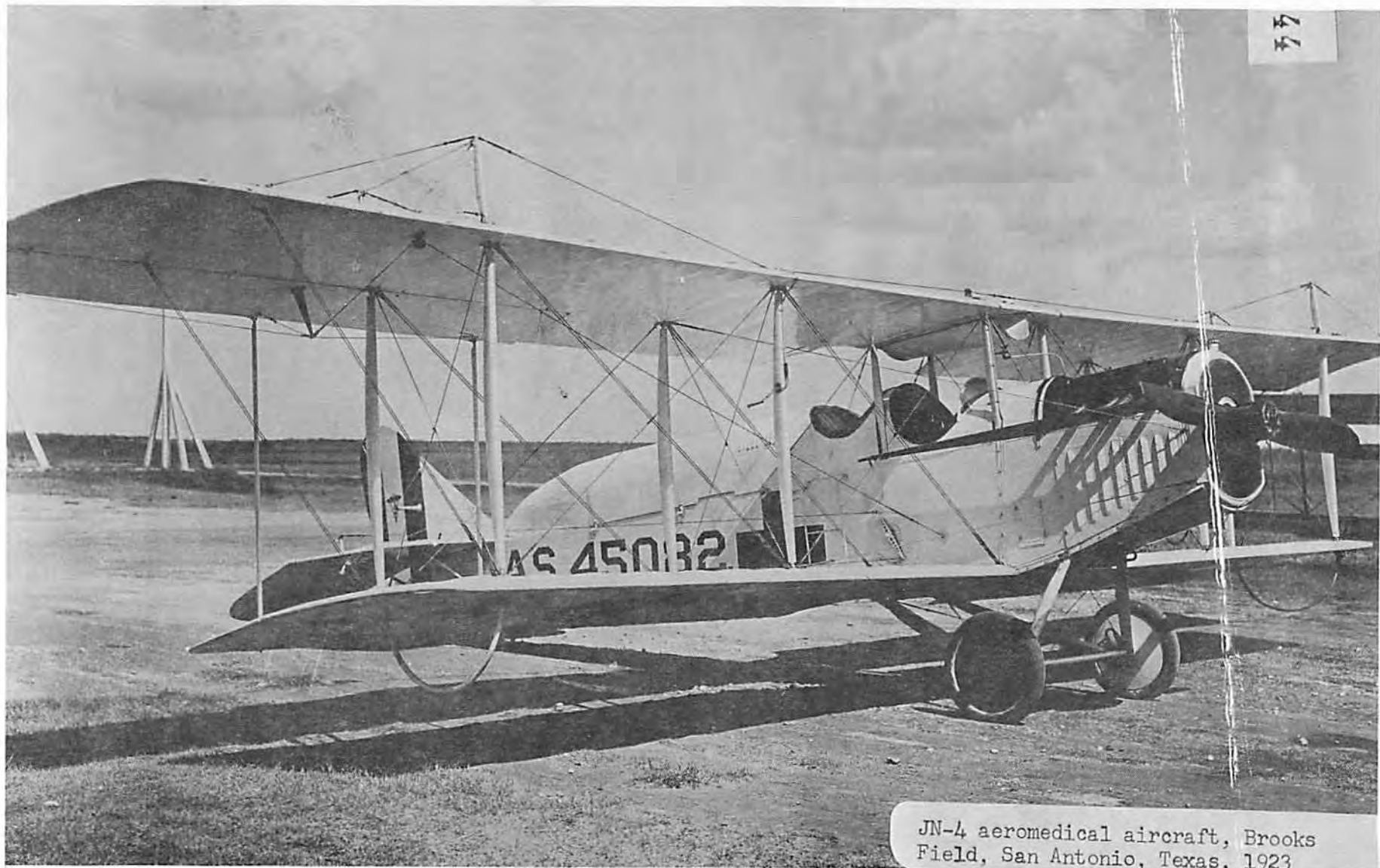
AIRPLANE AMBULANCE CONSTRUCTED AT DORR FIELD 1918.



JN-4 aeromedical aircraft, Dorr Field, Arcadia, Florida, 1918



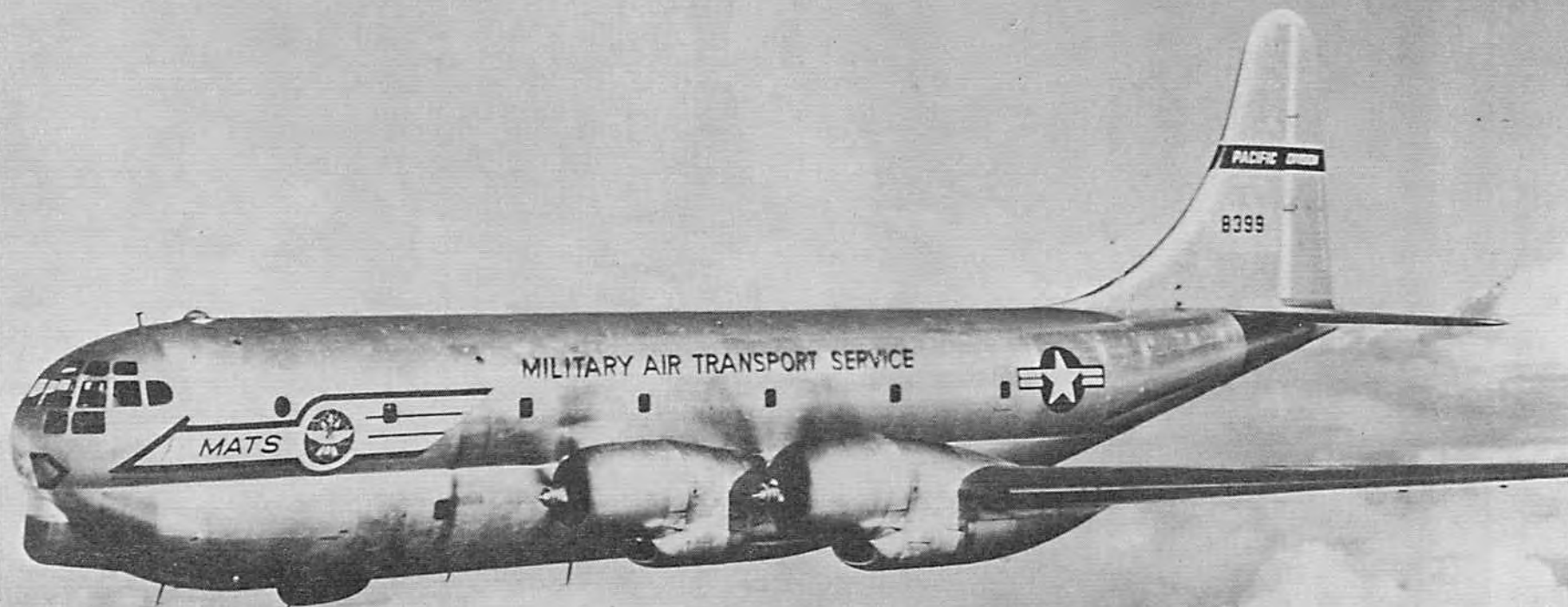
JN-4 Aeromedical Aircraft,
Ellington Field, Houston, Tex.,
about 1920



JN-4 aeromedical aircraft, Brooks
Field, San Antonio, Texas, 1923



Patients being loaded on C-47 aircraft
at Brookley AFB, Ala., Jul 1950



C-97 aircraft: a major intertheater aeromedical patient airlifter during Korean conflict.

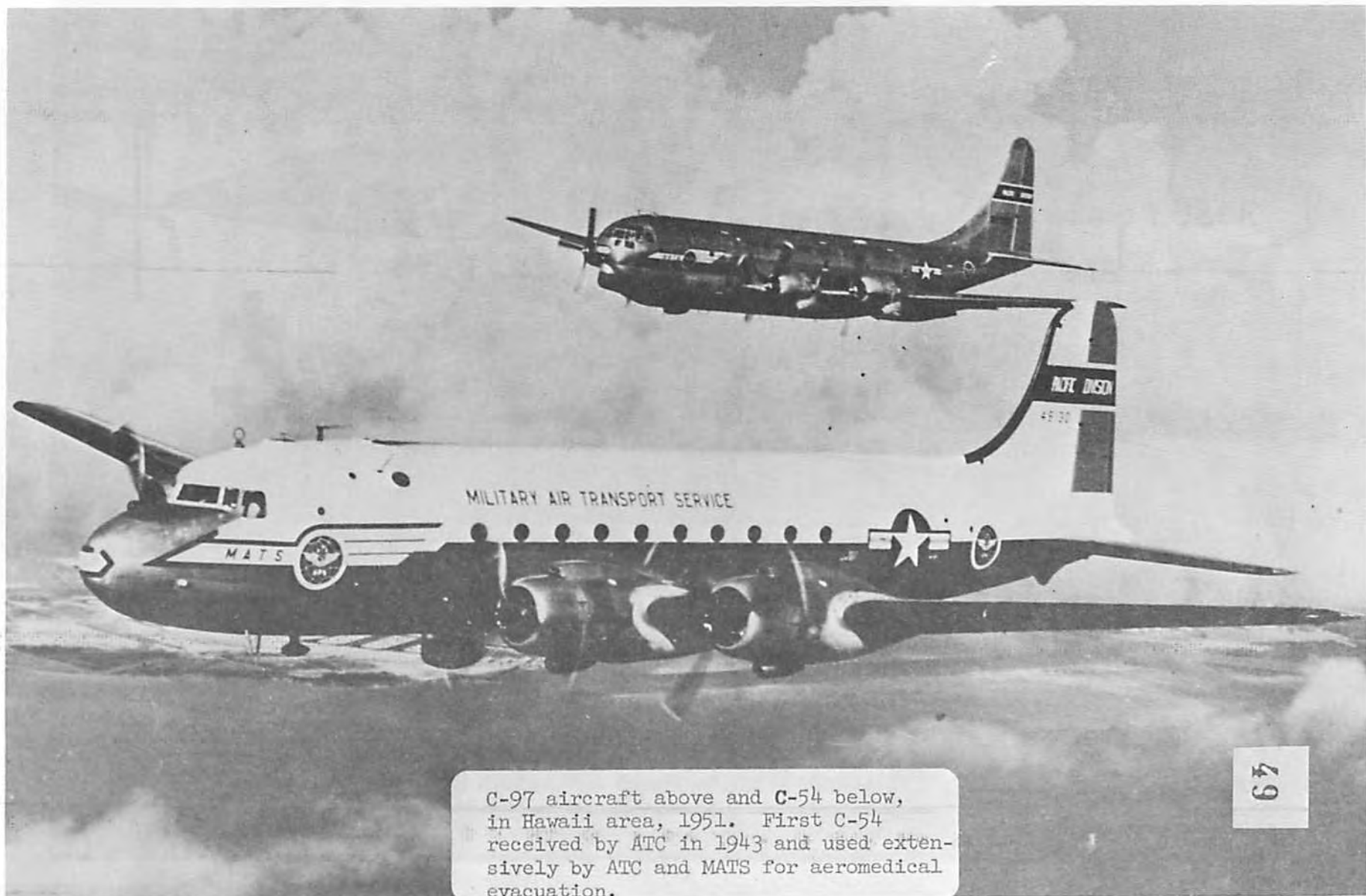


Unloading Korean War patients from
C-97, Scott AFB, Belleville, Ill.,
7 Apr 51

47



C-121 used in domestic aeromedical
airlift. Scott AFB, Ill., 1968



C-97 aircraft above and C-54 below, in Hawaii area, 1951. First C-54 received by ATC in 1943 and used extensively by ATC and MATS for aeromedical evacuation.



C-131: the major CONUS patient
airlifter 1954-1968. Scott AFB, Ill.,
18 May 1967



C-118 taxis out for first CONUS aero-medical evacuation flight, Scott AFB, Belleville, Ill., 13 Aug 1964.

51



52

C-135 aircraft: the major intertheater aeromedical patient airlifter 1961-1965



US patients being loaded on a C-141
at Da Nang AB, Vietnam, 1966



US patients being transferred
from C-141 to ambulance at
Yokota AB, 1 Sep 66



55

US patients arriving at Yokota AB
aboard C-141, 1 Sep 66



First C-9A received by MAC. Scott
AFB, Illinois, 10 Aug 68



US military patient being transferred
from C-9A to ambulance at Los Alamitos
NAS, Calif., Jun 69

57

58



View of interior of C-9A at Long Beach,
Calif., Jun 68

(U) The two-motor, propeller-driven C-131 Convair Samaritan, first used in CONUS aeromedical transport in May 1954, was specially designed for patient airlift. It was often called a flying hospital ward and was superior to the C-47s it replaced. The C-131 had a crew of six for aeromedical airlift--aircraft commander, copilot, flight mechanic, flight nurse, and two medical technicians--and a normal mission capacity of 9 litter and 16 ambulatory patients.¹⁰⁴

(U) The four-motor, propeller-driven C-118 Douglas Liftmaster entered the MATS inventory in FY 1953¹⁰⁵ and was used extensively for various airlift purposes. The CONUS segment of the aeromedical evacuation system began using it for scheduled trunkline aeromedical flights in August 1964. In aeromedical configuration it had a crew of eight--aircraft commander, copilot, flight mechanic, two flight nurses, and three aeromedical technicians--and a mission capacity of 18 litter and 30 ambulatory patients.¹⁰⁶

(U) Conventional aircraft were also used by the MAC-gained Air National Guard which flew augmentation missions in support of the CONUS aeromedical evacuation system in the 1965-1968 timeframe. The Guard used Boeing C-97 Stratofreighter aircraft to fly an

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104. Hist, 1405 AMTWg, Jun-Dec 64, part I, pp 51-52. The C-131 was the first aircraft procured by MATS for the specific purpose of aeromedical evacuation. First C-131 was received by MATS, 1 Apr 54. See App IV and V.
105. Hist, MATS, Jul-Dec 52, I, p 264. The first C-118 was received by MATS 29 Aug 52.
106. Hist, 1405 AMTWg, Jun-Dec 64, part I, p 52.

aeromedical evacuation mission twice a month from the west coast to Alaska and return (Travis-McChord-Elmendorf-McChord-Travis) beginning 12 September 1965.¹⁰⁷ The Guard utilized Lockheed C-121 Super Constellation aircraft to fly aeromedical evacuation missions in support of the CONUS aeromedical evacuation system beginning 1 August 1965. These missions included feeder flights and service to North Atlantic and Caribbean offshore bases.¹⁰⁸

(U) The MATS C-131/C-118 aeromedical aircraft inventory remained relatively constant during the period FY 1965-FY 1968. On 30 June 1968 there were 21 C-131 and 12 C-118 aeromedical aircraft assigned the MAC aeromedical evacuation system. Five of these C-131s and six of the C-118s were assigned to the European segment of the aeromedical evacuation system.¹⁰⁹ The phaseout of MAC conventional aeromedical evacuation system aircraft was shortly to occur, however. On 24 December 1968 MAC's 2 Aeromedical Evacuation Group in Europe was transferred to USAFE.¹¹⁰ Furthermore, plans were in progress to convert the CONUS aeromedical evacuation system to jet transport.

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107. Hist, 1405 AMTWg, Jul-Dec 65, p 37. These flights were terminated on 12 Aug 65 due to coverage of this route by C-141s. The C-97 had a mission capacity of 18 litter and 30 ambulatory patients.
108. Intvw, CLR with Mr. Raymond H. Hurn, 375 AAWg/Ops, 13 Jan 72. The C-121 had a mission capacity of 18 litter and 30 ambulatory patients. The ANG C-121 aeromedical evacuation feeder flights were discontinued in Oct 65; the ANG C-121 aeromedical evacuation flights serving North Atlantic and Caribbean areas were flown until 30 May 1970 after which time they were flown by 375 AAWg C-9A aircraft.
109. See App IV.
110. MAC SO G-317, 20 Nov 68.

[REDACTED]

Jet Aeromedical Evacuation Becomes Standard

(U) Aeromedical airlift by jet aircraft became routine in the 1965-1968 timeframe. Jet transport combined with improvements in flight care produced the highest quality and quantity of aeromedical evacuation to date. Three aircraft--the C-135, C-141, and C-9--made jet aeromedical airlift a reality. The C-135 (first operational jet transport in MATS) entered the MAC inventory in FY 61, the C-141 in FY 1965, and the C-9 in FY 1969.

[REDACTED] The first MATS long-range jet aeromedical flight was made on 4 October 1961. On that date a C-135 flew a load of patients nonstop from Rhein-Main AB, Germany, to McGuire AFB, New Jersey. This flight, inaugurating regular Rhein-Main to McGuire jet aeromedical flights, marked the beginning of the jet aeromedical evacuation era for the Air Force. Long-range jet aeromedical evacuation in the Pacific began with a C-135 nonstop aeromedical evacuation flight from Yokota AB, Japan, to Travis AFB, California, on 1 May 1962. This flight, which proved the feasibility of such missions, took


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- 111. Hist (S), MATS, Jan-Jun 61, I, p 244. First C-135A Stratolifter received by MATS, 8 Jun 61.
 - 112. Hist (S), MATS, Jul 64-Jun 65, I, p 152. The first C-141A Starlifter was received by MATS, 19 Oct 64.
 - 113. Hist (S), MAC, Jul 68-Jun 69, I, p 210. The first C-9A was received by MAC, 10 Aug 68.
 - 114. Hist (S), MATS, Jul-Dec 61, I, pp 207-208; hist, EASTAF (C), Jul-Dec 61, I, p 101. C-135 flying time from Rhein-Main to McGuire was about nine hours contrasted with 21 hours' flying time for a C-124 plus a refueling and rest stop at Lajes AB, Azores.
- [REDACTED]



nine hours and seven minutes contrasted with 42 hours required for
propeller-driven aeromedical evacuation flights over the same route. ¹¹⁵

During the next three years the C-135 continued to be used for long-
range intertheater aeromedical airlift both in the Atlantic and Pacific.

Its speed and distance capabilities made it superior for this purpose
to any other Air Force aircraft. ¹¹⁶

 The C-141, which entered the MATS inventory on 19 October
1964, gave new dimensions to long-range aeromedical airlift. ¹¹⁷ Its
first long distance aeromedical evacuation flight in the Pacific was
from Yokota AB, Japan, to Travis AFB, California, on 15 July 1965.

By 31 December 1965 the C-141 Starlifter replaced the C-135 for aero-
medical evacuation, becoming the primary vehicle for long-range aero-
medical airlift. ¹¹⁸

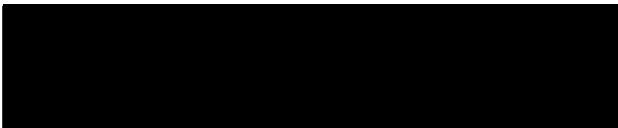
(U) The C-141 revolutionized strategic/intertheater aeromedical
airlift. It proved to be a reliable, responsive, and capable air-
craft for this purpose, surpassing the C-135. The C-141 combined
the aeromedical evacuation advantages of high speed, long range,
large cabin capacity, and comfortable and safe transport in a controlled
environment. Normal capacity was 60 litter patients in three tiers,
or 100 ambulatory patients, or a combination of 27 litter and 42

115. Hist (S), MATS, Jan-Jun 62, I, pp 38-39; hist (C), WESTAF, Jan-
Jun 62, I, pp 41-42.

116. MAC SEA Air Evac Corona Harvest Input, Jan 65-Mar 68, p IV-II-12.

117. Hist (S), MATS, Jul 64-Jun 65, I, p 152.

118. MAC SEA Air Evac Corona Harvest Input, Jan 65-Mar 68, p IV-II-1.



[REDACTED]

ambulatory patients. Other configurations were possible depending on needs. The time to convert from a cargo- to troop-carrying configuration and enplane a load of patients usually did not exceed the time required to service the aircraft. The basic medical crew for a C-141 aeromedical mission included two flight nurses and three medical technicians. The backhaul capability of the C-141 aircraft provided the bulk aeromedical airlift needed to support SEA operations. 119

[REDACTED] By December 1968 substantial progress was made toward modernizing CONUS aeromedical transport. On 29 July 1966 the Department of Defense approved the acquisition of a suitable follow-on aeromedical evacuation vehicle. The Douglas Aircraft Corporation won the contract to build the new plane. The resulting aircraft was a product of the best in medical and aeronautical technology. Roll-out ceremony for the new aircraft, named the C-9A Nightingale, was on 16 June 1968 at the McDonnell-Douglas Aircraft Corporation plant, Long Beach, California. The first C-9A was delivered to the 375 Aeromedical Airlift Wing, Scott AFB, Illinois, on 10 August 1968. MAC medical personnel featured prominently in the development and integration of the new aircraft into aeromedical airlift operations. Initial aircrew transition training took place August-September 1968, and on 2 October 1968 the C-9A flew its first CONUS aeromedical airlift mission. ¹²⁰ On 31 December 1968, seven of the 12 programmed

119. Hist (S), MAC, Jul 68-Jun 69, I, p 223.

120. Ibid., pp 210-216.

[REDACTED]

C-9As were assigned the 375th and the conventional aeromedical evacuation aircraft were being rapidly phased out.¹²¹

(U) The C-9A represented a breakthrough in aeromedical airlift vehicles. Its introduction began a new phase in CONUS aeromedical airlift. In addition to high speed and operational reliability, the C-9A was equipped to provide better patient care than any aircraft currently or previously used for this purpose. It had a flight crew of three (aircraft commander, copilot, and flight mechanic)¹²² and a medical crew of five (two flight nurses and three medical technicians). Normal mission capacity was 30 litters, 40 seats, or a typical mix of 18 litters and 20 seats. The C-9A, teamed with the C-141, made jet patient transport from Pacific medical facilities to CONUS destination hospitals a reality.

PATIENT MOVEMENT COORDINATION AND CONTROL

Aeromedical Evacuation Control Centers (AECCs)

(U) The functions of patient movement coordination and control were accomplished through a world-wide network of aeromedical units and their AECCs under the command and staff supervision of Headquarters MAC and its major components. In Europe there was a central AECC at Rhein-Main, in the CONUS another at Scott, and in the Pacific

121. Hist (FOUO), 375 AAWg, Jul 68-30 Sep 69, I, p 4.

122. Hist (S), MAC, Jul 68-Jun 69, I, p 207. Chart VII gives data on the C-9A.

CHART VII

C-9 AEROMEDICAL EVACUATION AIRCRAFT

The Military Airlift Command purchased eight twin-jet C-9 aircraft from the McDonnell Douglas Corporation for aeromedical evacuation of patients. The total cost was \$28.7 million. The C-9 aircraft will greatly enhance the 375 airlift mission capability.

Beginning August 1968 contract aircraft will be delivered one per month until a total of eight have been accepted. An additional three aircraft not on contract are programmed for MAC in late FY 70.



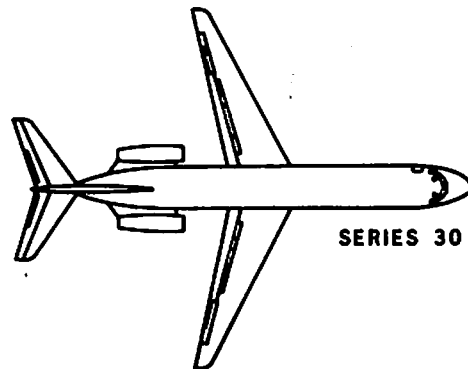
ITEM		CY 67												CY 68											
		J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D
Program Go-Ahead		▲																							
RFP Release to Industry						▲																			
Industry Proposal to USAF							▲																		
Source Selection Evaluation								▲																	
Contract Award									▲																
Medical Suitability Test										▲	▲														
Type I Training																			▲	▲	▲	▲	▲	▲	
First Flight																			▲						
Flight Test																			▲	▲					
First Aircraft Delivery																				▲					

- ▲ Actual Completion
- ◻ Scheduled Completion

Source: MAORQ

SOURCE: Management Information Summary, MAC DCS/Compt, Surgeon, 19 Dec 68

C-9 AEROMEDICAL EVACUATION AIRCRAFT AIRCRAFT PERFORMANCE AND CHARACTERISTICS



Maximum Ramp Weight (Pounds)	109,000
Take Off Gross Weight (Pounds)	108,000
Landing Gross Weight (Pounds)	99,000
Zero Fuel Weight (Pounds)	90,000
Operating Weight (Ambulatory Configuration)	63,703
Air Evac Capacity (Litter)	40
Air Evac Capacity (Ambulatory)	40
Usable Fuel (Pounds)	35,484
Equiv Single Wheel Load (Max Weight)	24,656
Footprint Pressure (Max Weight)	152 PSI
Overall Tread Width	16.5 (Ft)
Turning Radius (Nose)	61.3 (Ft)
Turning Radius (Wing Tip)	55.6 (Ft)
Minimum Pavement for 180 degree turn	72.3 (Ft)
Fed Air Reg Take Off Field Length	6,320 (Ft)
Landing Distance (80 degree F over 50 Ft Obstacle)	2,900 (Ft)
Type Engine	JT8D-9
Guaranteed Mission Range	2,000 NM
Maximum Range Mission	2,350 NM
Max Recommended Speed	350K/Mach 0.84
Structural Limitation Speed	Mach 0.89
Length/Span	119.3/93.4 (Ft)

Source: DS 3802 Detailed Specifications
by Douglas

[REDACTED]

a third one at Hickam. Subordinate AECCs existed at squadron, detachment and/or operating locations.

[REDACTED] In the Pacific, the area of greatest patient workload in this timeframe, the AECC structure was reconfigured from two AECCs in January 1965 (Hickam and Tachikawa) to eight AECCs in January 1968 (Hickam, Yokota, Clark, Andersen, Elmendorf, Tan Son Nhut, Cam Ranh Bay, and Da Nang) as mission demands accelerated. These AECCs were the focal points for the coordination and control of aeromedical evacuation within the specific areas of responsibility. The AECCs received requests for the movement of patients, prepared patient manifests, coordinated patient handling and movement with pertinent agencies, and performed required administration. The schematics for patient coordination and administration are shown on Charts VIII and IX.

Interface in the Pacific and CONUS

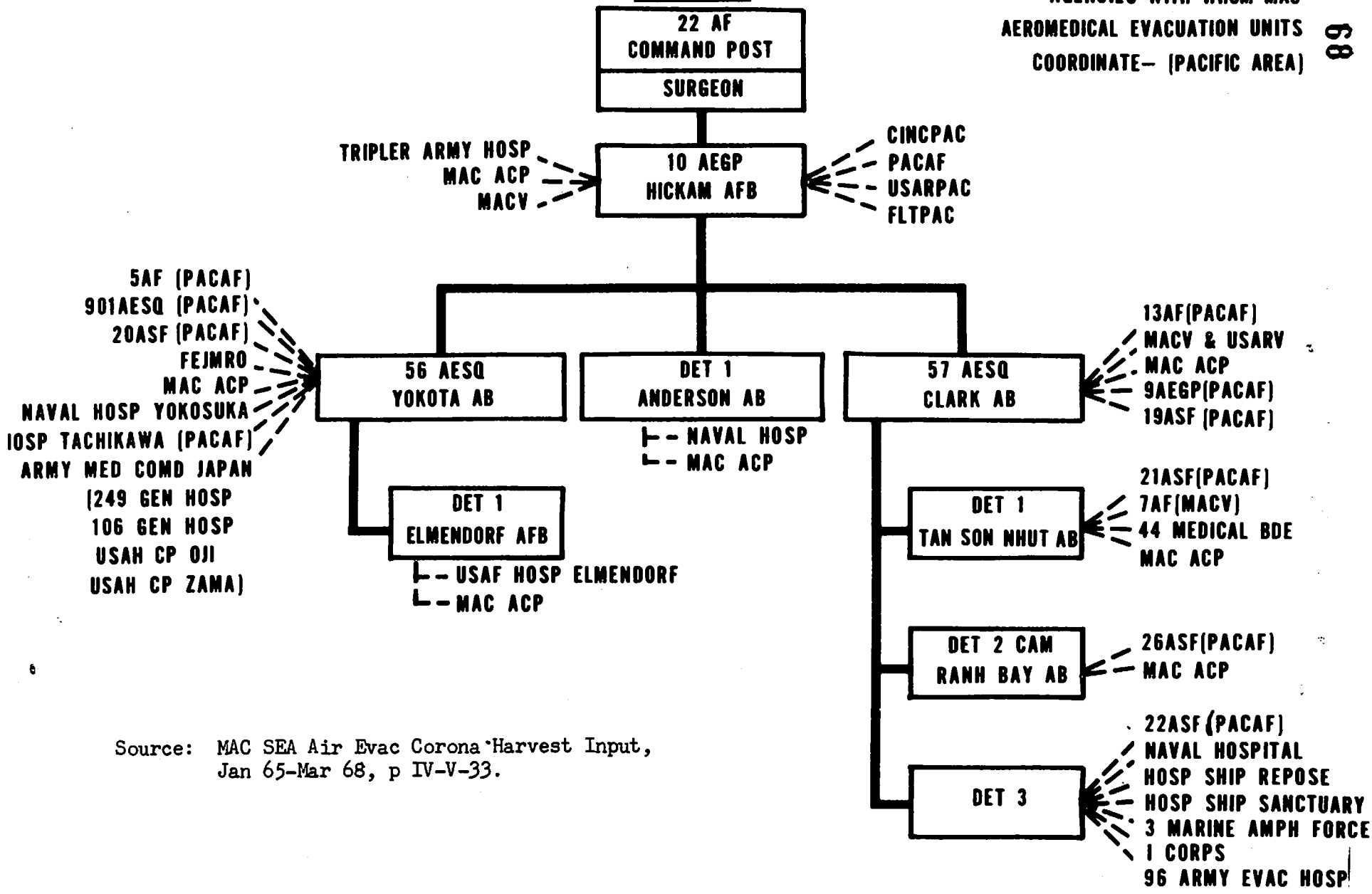
(U) During the SEA buildup in 1965, there were both a MATS and a Pacific Air Forces (PACAF) aeromedical evacuation system operating in the Pacific. The MATS aeromedical evacuation system mission was a responsibility of the 1453 Aeromedical Evacuation Squadron at Hickam

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123. Organization Development of the MAC Pacific AE System, 1 Jan 65-31 Mar 68, Chart III.
124. Aeromedical Evacuation Paper (MAASG), 14 Oct 69 (hist, MAC, Jul 68-Jun 69, VIII, Sup Doc III-4).
125. MAC SEA Air Evac Corona Harvest Input, Jan 65- Mar 68, p IV-V-33.
126. Ibid., p IV-V-34.
- [REDACTED]

CHART VIII

AGENCIES WITH WHOM MAC
AEROMEDICAL EVACUATION UNITS
COORDINATE-- (PACIFIC AREA)

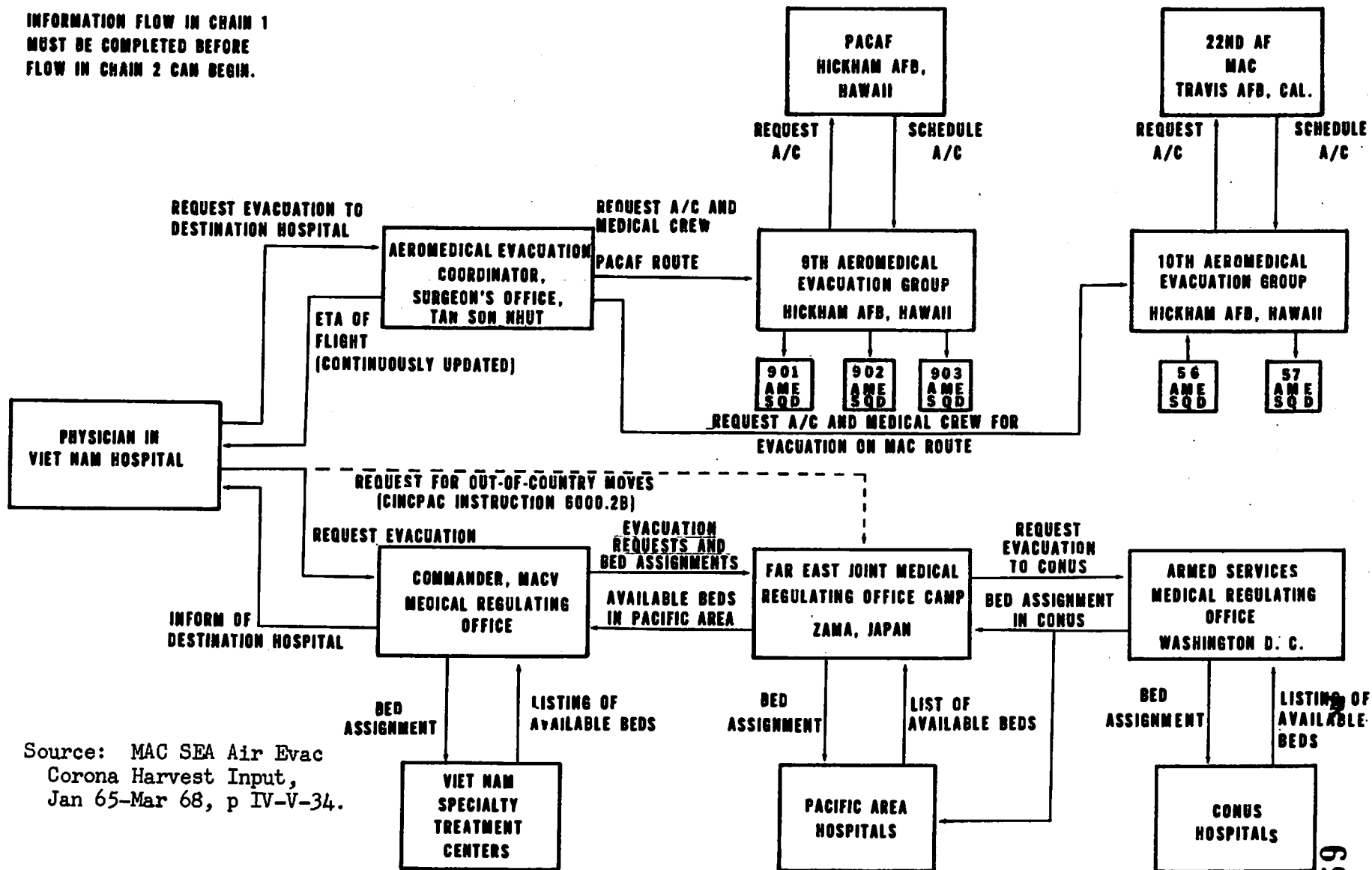
68



Source: MAC SEA Air Evac Corona Harvest Input,
Jan 65-Mar 68, p IV-V-33.

**CHART IX
PATIENT AIRLIFT ADMINISTRATION**

INFORMATION FLOW IN CHAIN 1
MUST BE COMPLETED BEFORE
FLOW IN CHAIN 2 CAN BEGIN.



Source: MAC SEA Air Evac
Corona Harvest Input,
Jan 65-Mar 68, p IV-V-34.

AFB and its components. The PACAF aeromedical evacuation system function was accomplished through its 9 Aeromedical Evacuation Group. PACAF performed tactical aeromedical airlift in SEA and intratheater aeromedical evacuation airlift to the offshore locations, such as the Philippines. MAC accomplished the intertheater (Pacific-CONUS) aeromedical evacuation, taking over the airlift of patients at the interface points where PACAF left off.

(U) The MATS aeromedical evacuation system and the PACAF aeromedical evacuation system in the Pacific operated more or less independently of each other in 1965, often unaware of the other's aeromedical evacuation problems. This lack of coordination often resulted in duplication of effort, inefficiencies in methods of operation, and less than optimum aeromedical evacuation service. As the SEA buildup progressed, however, the need for coordinated operations was recognized. It was not, however, until the first MAC/PACAF Aeromedical Evacuation Scheduling Conference in February 1966 and subsequent such meetings that the MAC/PACAF representatives, medical officials throughout Pacific Command, and patient-regulating agency delegates finally met face-to-face to address the diverse problem of Pacific aeromedical evacuation and the intercommand/service relationships involved.

(U) Out of these MAC/PACAF meetings on aeromedical evacuation during the period 1966-1968

127. 10 AEGp Corona Harvest Input, Jan 65-Mar 68, p 88.
 128. Ibid., pp 88-90.

came the sophistication and refinement in patient regulation according to the user's desires, compatible with airlift capability, the most efficient utilization of high-value aircraft, a mutually compatible scheduling arrangement between the PACAF Tactical AES and the MAC Strategic AES, and most importantly the rapid and efficient movement, professional and competent patient treatment in the history of mankind. All this became a reality as a result of understanding each others part in the "Big Picture."

(U) Patients moved by C-141s from the Pacific, except the burn patients delivered direct to Kelly AFB, Texas, were off-loaded at whichever CONUS stop was nearest the patient's destination hospital assigned by the Armed Services Medical Regulating Office (ASMRO), Washington, DC. Here they were picked up by CONUS aeromedical evacuation aircraft and distributed to destinations with a minimum of delay. The scheduled stop for aeromedical evacuation flights from Europe was Andrews AFB. The overseas patients were normally placed in casualty staging flights at the scheduled CONUS stop; however, in some cases direct transfer of patients from the overseas C-141 aircraft to domestic aeromedical evacuation aircraft was made.

PACIFIC-CONUS PATIENT FLOW

Vietnam-CONUS Evacuation Sequence

(U) In August 1969 the MAC Surgeon described the current Vietnam-to-CONUS patient evacuation sequence. In a typical case, forward/battlefield area patient evacuation in Vietnam was performed by

129. Hist (S), MAC, Jul 68-Jun 69, I, pp 236-237.

transportation available (helicopter or ambulance) to the service (Army, Marine, Navy, Air Force) concerned, delivering casualties initially to the medical facility organic to the corps, division, or base. Subsequent evacuation, if medically dictated, was made to another facility within "local" jurisdiction; to a medical facility "within country" but outside "local" jurisdiction; or to a medical facility "out of country" in the Pacific area--Japan, Philippines, Guam, Okinawa, or Hawaii. The patient's condition and policies governing aeromedical evacuation were the major factors in determining the final evacuation action.

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(U) If after medical evaluation and/or treatment at a hospital outside Vietnam, a decision was made to evacuate a patient to the CONUS, the patient was first reported to the Far East Joint Medical Requesting Office (FEJMRO), Japan, as ready for movement to the CONUS. Secondly, FEJMRO reported the patient to ASMRO, Washington, DC. Thirdly, ASMRO designated the CONUS hospital to FEJMRO and/or the holding hospital. Fourthly, the holding hospital reported the patient to the responsible MAC AECC for movement to the CONUS. Finally, actual movement via MAC C-141 aircraft to the CONUS took place.

131

130. Aeromed Evac paper (MAASG), 14 Aug 69. It was the policy at this time to retain a patient within the country if he could be returned to duty in 30 days and within the theater if he could be returned to duty in 60 days.

131. Ibid.

Routes and Flights

(U) A network of scheduled and unscheduled aeromedical evacuation flights, configured to satisfy the changing mission needs, moved patients as medically indicated from onload to offload locations in the Pacific area and from the Pacific area to the CONUS. Significant adjustments were made in the route/flight pattern during the period 1965-1968 to accommodate the accelerating and varying demands for patient airlift. Scheduled routings increased from four in January 1965 (all intertheater) to 13 in June 1968 (10 intertheater, three intratheater), while the number of scheduled aeromedical evacuation flights expanded from two and one-half per week in January 1965 (all intertheater) to 49 per week in December 1968 (26 intertheater, 23 intratheater). Intercommand coordination improved the route/flight structure and service.

(U) A Pacific to CONUS (intertheater) aeromedical evacuation scheduled route/flight pattern was flown January 1965-15 April 1968. The first half of 1965 two and one-half scheduled flights per week (C-135B) traversed four different scheduled routes from the Pacific area to the CONUS. Three routes from Clark, the center for SEA patients

132. See Maps I thru IV, Charts X and XI, and App IX, Pacific-CONUS AE Routes and Flights, 1965-1971. Total of 29 scheduled flights (21 intertheater, eight intratheater) were flown weekly in Jun 68; 12 scheduled routes (eight intertheater, four intratheater) were flown in Dec 68. Intertheater: routes/flights from Pacific area to CONUS; intratheater: routes/flights within Pacific area. Periodic MAC/PACAF AE scheduling conferences were held.

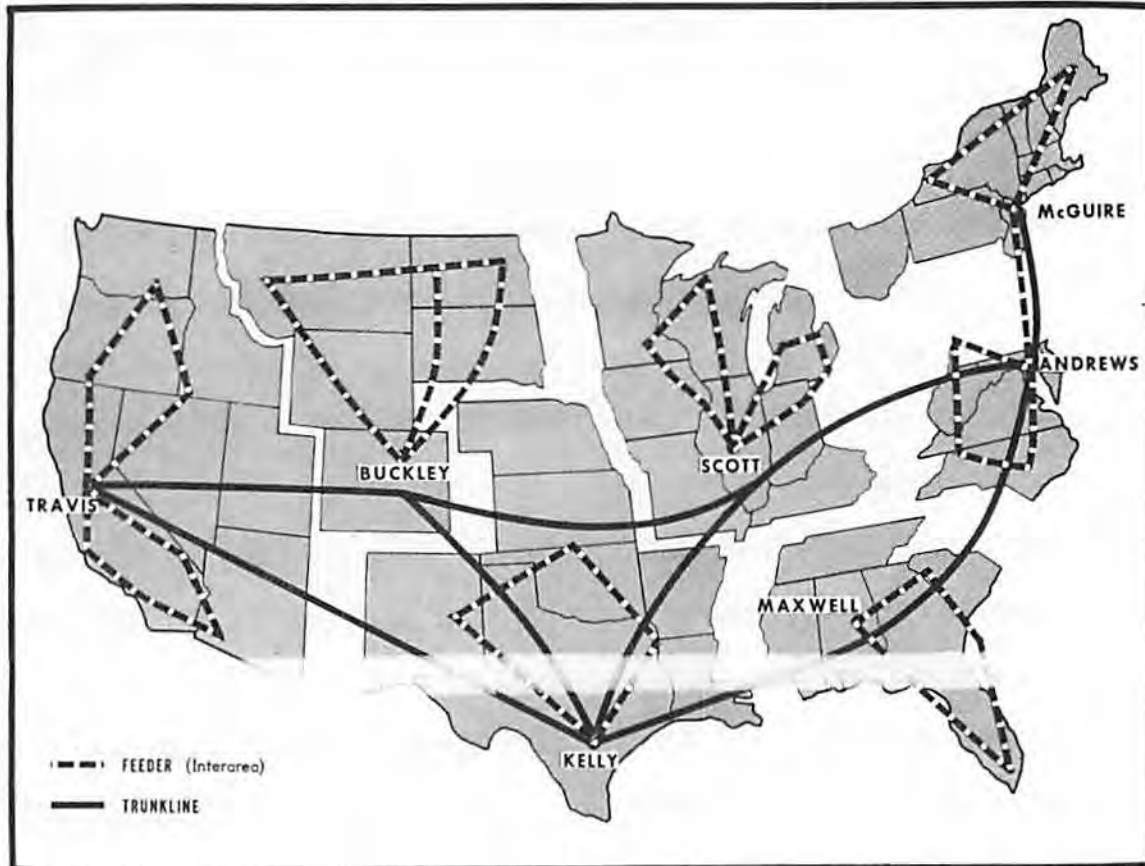
74

MAC DOMESTIC AEROMEDICAL EVACUATION SYSTEM CONTROL CENTERS AND AREAS SERVED

AIRCRAFT RESOURCES: 14 C-131 8 C-121
6 C-118 6 C-9

The Domestic System is supplemented
by Air National Guard aircraft and
medical crews.

FREQUENCY: Varies from two to five
missions weekly between major patient
enplaning and deplaning terminals.



CONTROL CENTER

Travis AFB, 13 AMAS
Buckley, Det 3, 375 Aeromed Aft Wg
Kelly AFB, 10 AMAS
Scott AFB, 11 AMAS
McGuire AFB, 12 AMAS
Andrews AFB, Det 1, 375 Aeromed Aft Wg
Maxwell AFB, Det 2, 375 Aeromed Aft Wg

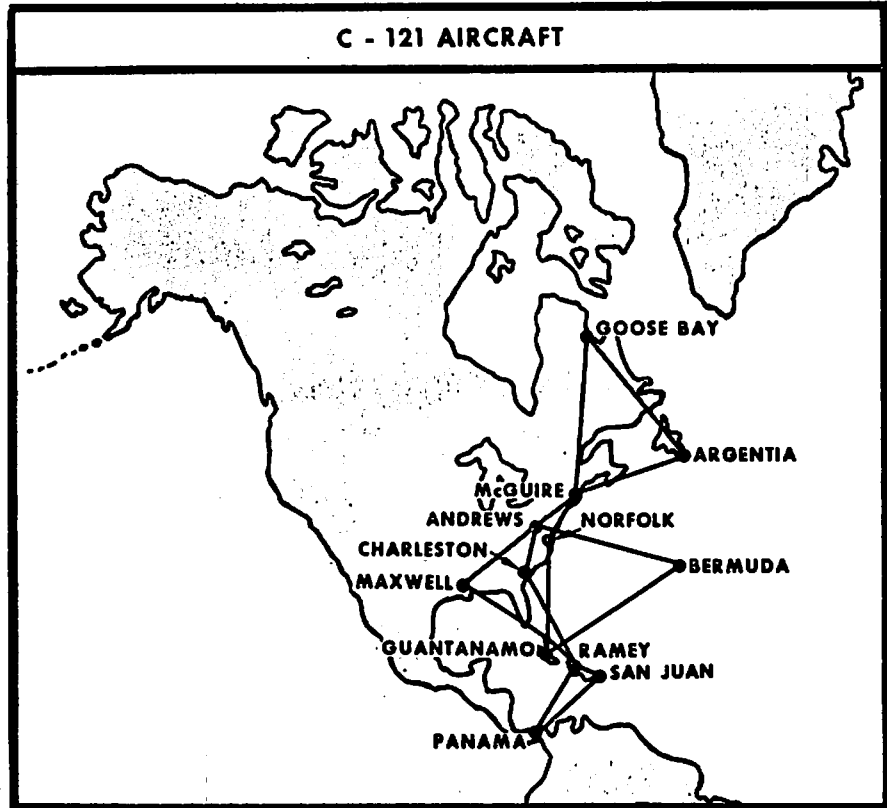
Source: Management Information Summary,
MAC DCS/Compt, subj: Surgeon,
19 Dec 68, p 1.

As of 30 Nov 68

AIR NATIONAL GUARD OFFSHORE PATIENT AIRLIFT ROUTES

375TH AEROMEDICAL AIRLIFT WING

Currently, Air National Guard aircraft and medical crews perform all aeromedical evacuation missions from the near offshore locations. Missions are flown biweekly to stations shown.



As of 30 Nov 68

Source: Management Information Summary, MAC DCS/Compt, subj: Surgeon, 19 Dec 68, p 2.

MAC AEROMEDICAL EVACUATION ROUTES

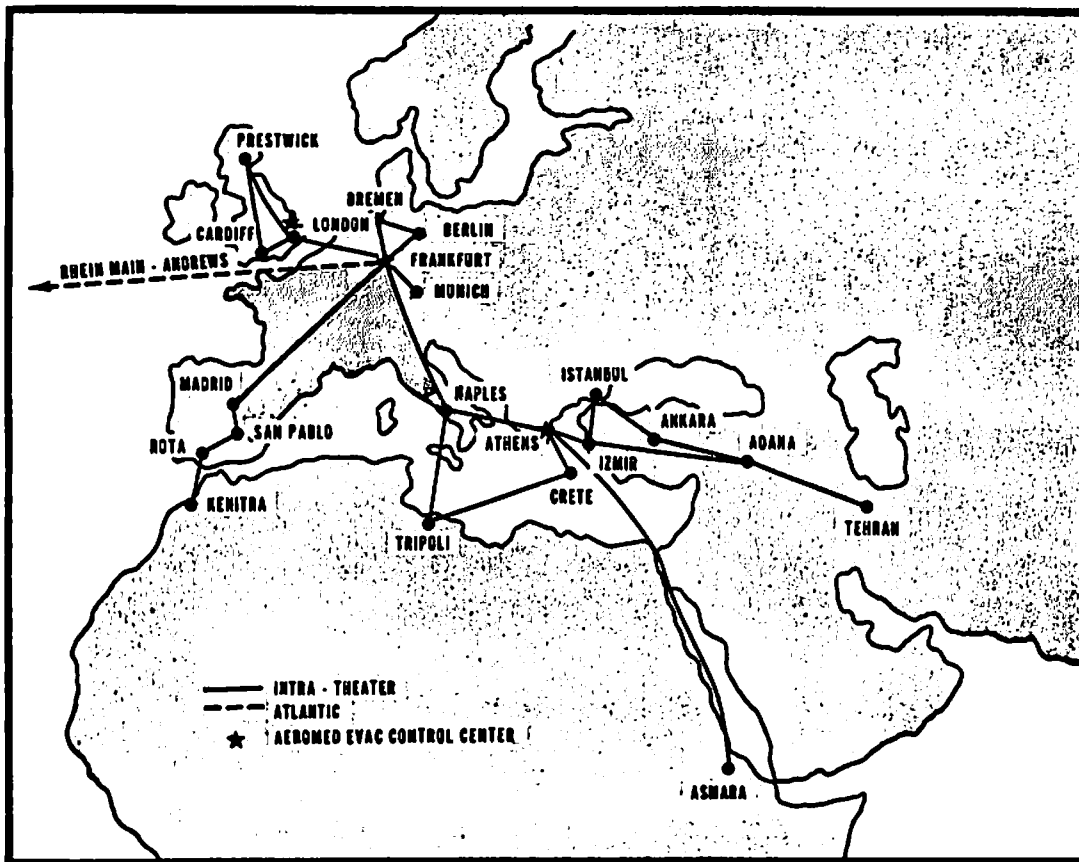
EUROPEAN - MIDDLE EAST AREA INTRA - THEATER

AIRCRAFT RESOURCES: 5 C-119
5 C-131

CONTROL CENTERS:

Rhein Main AB, 2 AMEG
Mildenhall RAF Sm, OL, 2 AMEG
Athens Aprt, OL, 2 AMEG

FREQUENCY: Rhein Main - Andrews flights are scheduled twice weekly. Intra-Theater service varies from one to two missions weekly, except biweekly service between Athens, Asmara, and Tehran, utilizing C-141 Channel Route Extensions.



As of 30 Nov 68

Source: Management Information Summary, MAC DCS/Compt, subj: Surgeon, 19 Dec 68, p 3.

MAP IV
C-141 MAC AEROMEDICAL EVACUATION ROUTES
PACIFIC

PACIFIC CONTROL CENTERS:

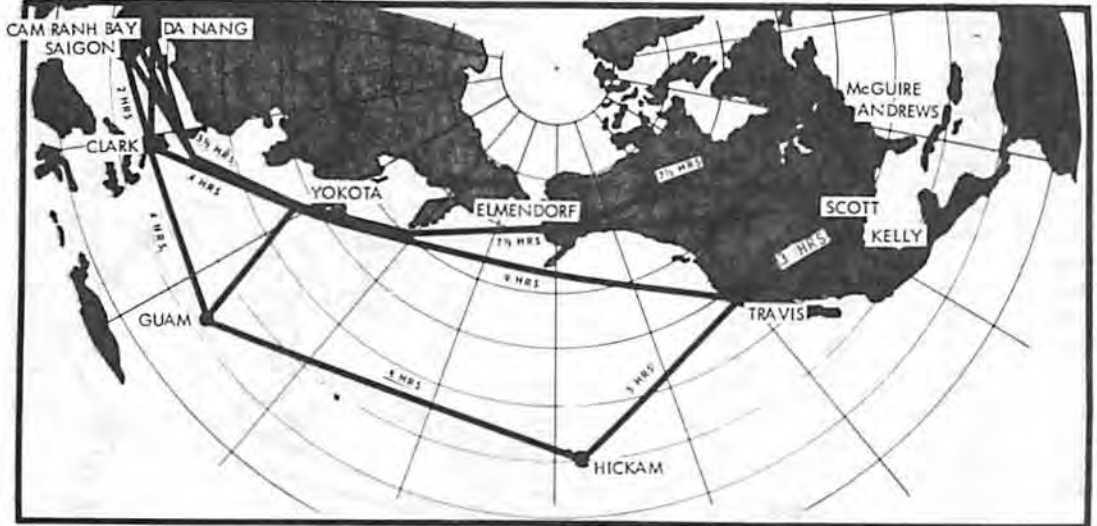
Hickam AFB, 10 AMEG
 Andersen AFB, DI, 10 AMEG
 Clark AB, 57 AMES
 Tan Son Nhut AB, DJ, 57 AMES
 Cam Ranh Bay AB, D2, 57 AMES
 DaNang AB, D3, 57 AMES
 Yokota AB, 56 AMES
 Elmendorf AFB, DI, 56 AMES

CONUS AERIAL PORTS OF EMBARKATION:

Andrews AFB, Md.
 Kelly AFB, Tex.
 McGuire AFB, NJ
 Scott AFB, Ill.
 Travis AFB, Calif.

FREQUENCY

<u>ROUTE</u>	<u>WEEKLY FLIGHTS</u>
Cam Ranh Bay - Yokota	7
Clark - Yokota - Travis	1
Clark - Yokota - Elmendorf - Scott - Andrews	4
Da Nang - Yokota	7
Da Nang - Clark - Guam - Yokota	2
Da Nang - Clark - Guam - Hickam - Travis	2
Saigon - Yokota	7
Yokota - Travis	5
Yokota - Travis - Kelly	1
Yokota - Elmendorf - Andrews - McGuire	7
Yokota - Elmendorf - Scott - Andrews	3
	<hr/> 46



CLARK - GUAM - HICKAM - TRAVIS - 7119 MILES

CLARK - YOKOTA - TRAVIS - 5378 MILES

SAIGON - YOKOTA - ELMENDORF - ANDREWS - 8642 MILES

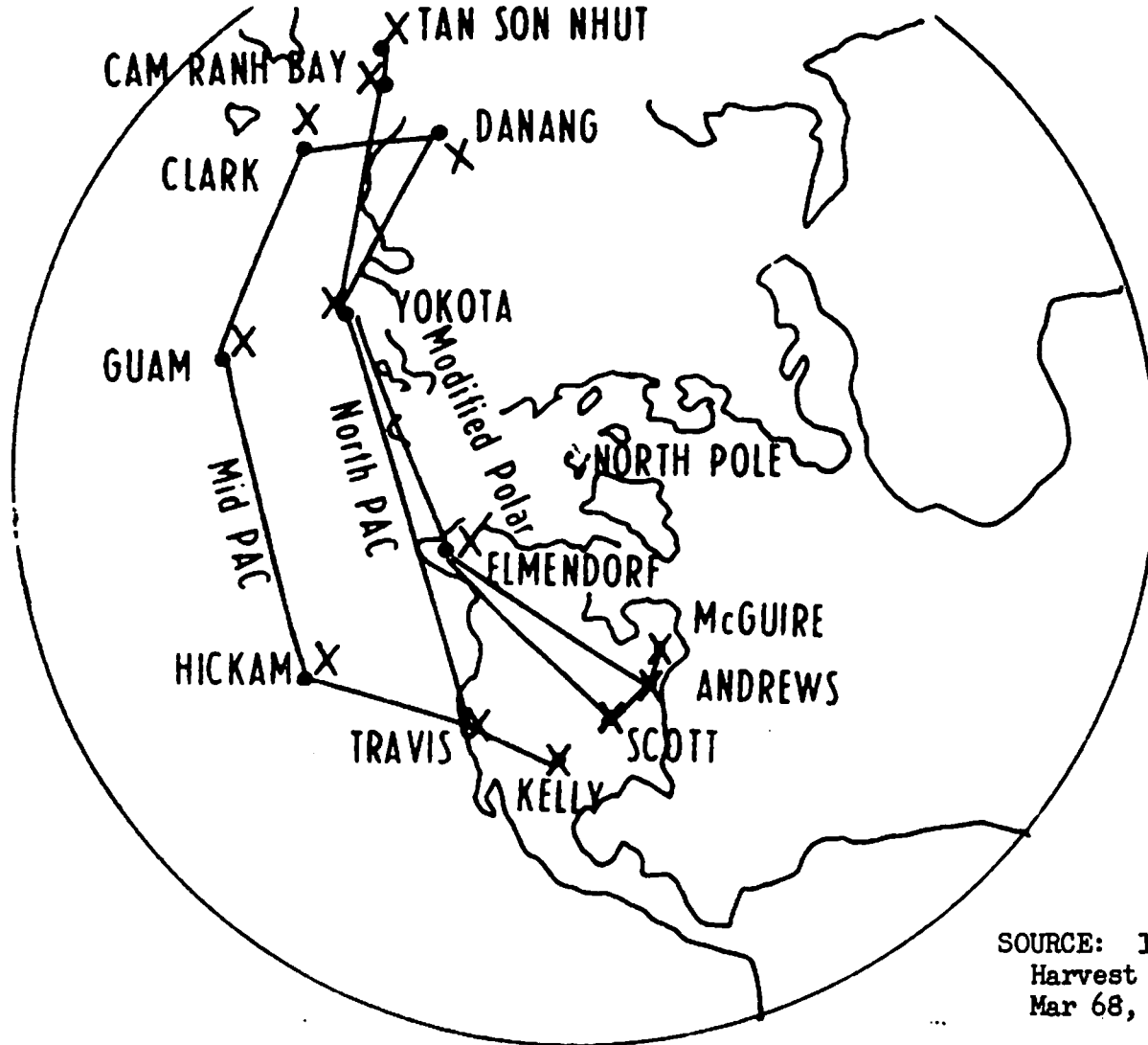
As of 30 Nov 68

Source: Management Information Summary, MAC DCS/Compt, subj: Surgeon, 19 Dec 68, p 4.



MAC PACIFIC AREA

C-141 AEROMEDICAL EVACUATION ROUTES



X MAC AE Units

SOURCE: 10 AEGp Corona
Harvest Input, Jan 65-
Mar 68, p 186.

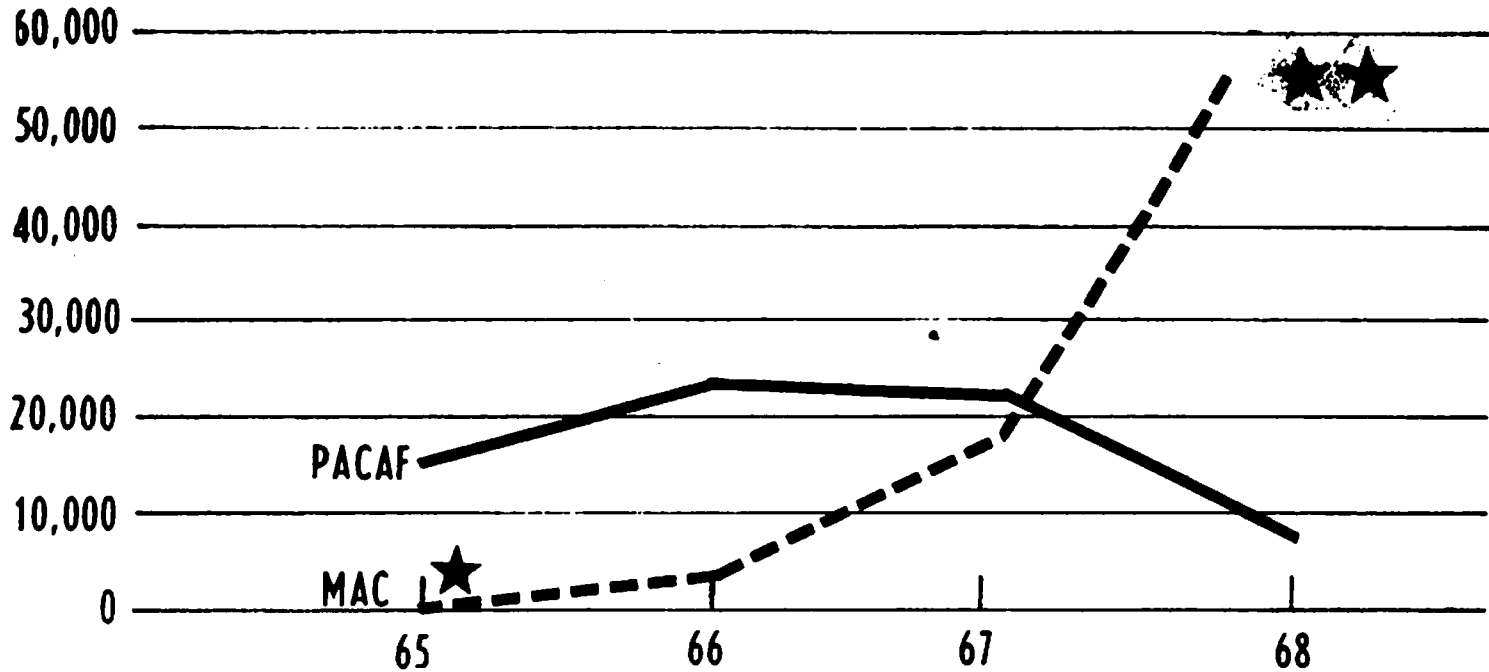
CHART X

MAC PACIFIC AEROMEDICAL EVACUATION ROUTES

<u>ROUTES</u>	<u>NAUTICAL MILES</u>	<u>FLYING TIME HRS</u>	<u>ENROUTE TIME HRS</u>	<u>NO.OF RONS</u>
<u>MODIFIED POLAR</u>				
TAN SON NHUT-YOKOTA ELMENDORF-ANDREWS	8,640	20½	38½	1
<u>NORTH PAC</u>				
TAN SON NHUT- CLARK YOKOTA - TRAVIS- ANDREWS	9,300	26	66	3
<u>MID PAC</u>				
TAN SON NHUT- CLARK GUAM-HICKAM- TRAVIS - ANDREWS	10,000	32½	92½	3

SOURCE: 10 AEGp Corona Harvest Input, Jan 65-Mar 68, p 194.

PATIENT MOVEMENTS FROM VIETNAM VIA THE MAC -PACAF AES...1965-1968



MAC	0	3,454	18,106	55,412
PACAF	16,211	23,036	22,271	8,007

Source: HQ PACAF (SGAB) STATISTICAL RECORDS

Source: 10 AEGp Corona Harvest
Input, Jan 65-Mar 68,
p.198.

- ★ MAC PACIFIC AES COMMENCED RVN OPERATIONS JULY 1966
- ★★ MAC COMMENCES INTER/ INTRA-THEATER AE CONCEPT IN APRIL 1968

requiring evacuation, to Travis transited Guam and Hickam, Yokota and Hickam, and Yokota. A fourth scheduled route was from Yokota to
133
Travis via Elmendorf.

(U) Changes occurred in the Pacific area scheduled aeromedical evacuation route/flight structure between July and December 1965, due to increased requirements for patient airlift, the addition of a Kadena stop, the requirement to move patients intratheater on MATS flights, and the introduction of the large capacity C-141 into aeromedical airlift service. By December 1965 seven weekly scheduled aeromedical evacuation flights over four routes from Clark to Travis traversed Guam and Hickam, Yokota and Hickam, Kadena and Yokota, and
134
Hickam.

(U) This Pacific-CONUS aeromedical evacuation scheduled route/flight structure was not changed again until July 1966 when MAC began flying patients directly from Vietnam to the United States, as proposed at a MAC-PACAF aeromedical planning conference in February 1966. This routing, inaugurated on 1 July 1966 (first flight Saigon-Yokota-Travis), cut more than 15 hours from the Vietnam-CONUS flying
135
time, besides eliminating the plane changes and layovers at Clark.

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133. Hist, 1502 ATWg, Jan-Jun 65, I, pp 106-107; hist, 61 MAWg, Jan-Jun 68, I, pp 202-203; App IX. There were 20 unscheduled Pacific-CONUS AE flights, Jan-Jun 65.
134. Hist, 1502 ATWg, Jul-Dec 65, I, p 150; App IX. Transition from C-135B to C-141 aircraft for Pacific Area AE occurred Jul-Dec 65, with the first Pacific C-141 AE flight (Yokota to Travis) 15 Jul 65. There were 25 unscheduled Pacific-CONUS AE flights Jul-Dec 65.
135. Hist, 61 MAWg, Jan-Jun 66, I, pp 201, 213. There were 21 unscheduled Pacific-CONUS AE flights Jan-Jun 66.

The revised July route/flight pattern contained eight scheduled weekly flights over three routes: two flights, Clark-Da Nang-Yokota-Travis; three flights, Clark-Guam-Hickam-Travis; and three flights, Saigon-¹³⁶Yokota-Travis. In August 1966 a program was implemented to deliver SEA patients with CONUS destinations east of the Mississippi River to Andrews and patients with destinations west of the Mississippi River to Travis. The first such flight, covering a modified polar route, Saigon-Yokota-Elmendorf-Andrews, was made on 3 August 1966.¹³⁷ The Pacific to CONUS patient airlift schedule in late December 1966 included nine weekly flights over three routes: three flights, Clark-Yokota-Travis; two flights, Clark-Guam-Hickam-Travis; and four flights, Saigon-¹³⁸Yokota-Elmendorf.

(U) In 1967 routes were increased from three to seven and weekly flights from nine to 17 to accommodate the expanding requirements for patient airlift. The first change was the addition in February of a twice-a-week Clark-Yokota-Elmendorf-Andrews flight. This was followed in April by the inauguration of flights from Da Nang (first flight, 2 April 1967) and Cam Ranh Bay (first flight, 5 April 1967) over the modified polar route to Andrews and from Da Nang to Travis via Yokota.¹³⁹ The Vietnam-CONUS routing, approved by a MAC-PACAF scheduling conference

136. Hist, 61 MAWg, Jul-Dec 66, I, p 186.

137. Ltr, MAC Command Surgeon to USAF Surgeon General, subj: Monthly Report, 22 Aug 66; hist, MAC, Jul-Dec 66, I, pp xxx, 200-201.

138. Hist, 61 MAWg, Jul-Dec 66, I, p 187.

139. Hist, 61 MAWg, Jan-Jun 67, I, pp 253-255.

23 January 1967, expedited the movement of patients from Vietnam and reduced patient traffic through Clark.¹⁴⁰ Also, in April MAC began flying a weekly mission, Yokota-Travis-Kelly (first flight 24 April 1967), moving stabilized burn patients to the Brooke Army Medical Center.¹⁴¹ Additionally, a weekly flight was initiated on 27 June 1967 over the route Da Nang-Clark-Guam-Hickam-Travis, serving the naval hospital on Guam.¹⁴² A few additional route/flight changes occurred between July-December 1967.¹⁴³

(U) A review of the December 1967 route/flight structure shows that 10 of the 17 weekly flights from SEA to the CONUS terminated on the US east coast (nine at Andrews and one at McGuire). These missions traversed the modified polar route through Yokota and Elmendorf. Six of the flights terminating on the east coast originated in Vietnam (two at Saigon, three at Da Nang, and one at Cam Ranh Bay) and four at Clark. One of the missions from Da Nang transited Scott en route to Andrews. There were six weekly flights from SEA to Travis, five of which were from Vietnam (two Saigon-Yokota-Travis, three Da Nang-Clark-Guam-Hickam-Travis, and one Cam Ranh Bay-Yokota-Travis) and one flight Clark-Yokota-Travis. The seventeenth mission was the weekly burn flight, Yokota-Travis-Kelly.¹⁴⁴ A significant development

140. Hist, MAC, Jan-Jun 67, I, p 136.

141. Ltr, MAC Command Surgeon to USAF Surgeon General, subj: Monthly Report, 1 May 67; hist, MAC, Jan-Jun 67, I, p 139.

142. Hist, MAC, Jan-Jun 67, I, p 139.

143. See App IX for route/flight listings, 1965-1971.

144. Hist, 61 MAWg, Jul-Dec 67, I, p 177.

in 1967 was the trend to move fewer and fewer patients nonstop from Vietnam to the CONUS due to the policies of the Army and the Navy to stabilize patients prior to movement.¹⁴⁵

(U) Calendar year 1968 brought an upsurge in SEA patient air-lift demands and significant revisions to the scheduled Pacific-CONUS aeromedical evacuation route/flight structure. As a result of the February 1968 Tet offensive, the schedule of 17 weekly missions in effect since July 1967 was increased to 21 in March 1968. This schedule was increased to 25 missions per week in April and May 1968 and raised to 28 weekly flights in June 1968.¹⁴⁶ The big change, however, was the increase to 49 scheduled missions (26 intertheater, 23 intratheater) weekly on 1 August 1968. This action inaugurated a MAC two-stage (intertheater and intratheater) aeromedical evacuation operation in the Pacific. Seventeen of these scheduled intertheater flights, four from Clark and 13 from Yokota, were routed via Elmendorf (seven also traversing Scott) to the US east coast. Seven of these flights terminated at Andrews, while ten continued on to McGuire after a stop at Andrews. The four flights from Clark also stopped at Yokota. Eight of the scheduled intertheater flights (one originating at Clark, five at Yokota, and two at Da Nang) terminated at Travis. The Clark

145. *Ibid.*, pp 177-178.

146. *Hist*, 61 MAWg, Jan-Jun 68, I, pp 198-205. MAC began flying scheduled weekly intratheater missions, Clark to Yokota (via Saigon, Da Nang, and Cam Ranh Bay), on 15 Apr 68. There were 226 unscheduled MAC Pacific AE flights (188 Jan-Jun, 38 Jul-Dec), in 1968.

flight stopped at Yokota, while the Da Nang flights transited Clark, Guam, and Hickam en route to Travis. There was no change in the weekly scheduled burn patient flight, Yokota-Travis-Kelly. The 23 intra-theater scheduled weekly missions were from Vietnam to Yokota (seven from Saigon, seven from Cam Ranh Bay, and nine from Da Nang). Two of the Da Nang-Yokota missions stopped at Clark and Guam en route. This schedule remained current through December 1968.¹⁴⁷

CONSTRUCTION FOR AEROMEDICAL EVACUATION

(U) Building accommodations were very scarce at Pacific area locations during the Southeast Asia buildup 1965-1968. Consequently, the growing pains experienced by the expanding aeromedical evacuation system were compounded by an adverse quarters situation. The only exception was at Elmendorf. For example, both aeromedical evacuation squadrons in the Western Pacific, the 56th at Yokota and 57th at Clark, occupied interim facilities throughout this period. Each of the three detachments of 57 Aeromedical Evacuation Squadron in Vietnam were initially housed inadequately. Det 1 was not permanently situated at Tan Son Nhut until June 1967, more than a year following activation, while Det 2 was finally bedded-down properly at Cam Ranh Bay in May 1968, nearly two years following establishment. Det 3 at Da Nang was completely without facilities until a MAC C-133 airlifted a 10' x 50' house trailer from Travis to that station on 8 April 1967

147. Hist, 61 MAWg, Jul-Dec 68, I, pp 235-237.

for use as a permanent AECC. Lastly, 10 Aeromedical Evacuation Group's Det 1 on Guam remained unsettled until provided a 10' x 50' house trailer for an AECC. This facility was shipped by sea transport from Seattle, Washington, on 1 August 1968, arrived at Guam 22 days later, and placed into operation at Andersen in November 1968.¹⁴⁸

(U) Two aeromedical building projects, one at Travis and the other at Yokota, were completed in the 1965-1968 timeframe. Both of these undertakings were accomplished as part of the FY 66 Supplemental Military Construction Program. At Travis an aeromedical evacuation patient-holding facility containing 14,736 square feet of floor space was completed in February 1967 at a cost of \$658,000.¹⁴⁹ This 92-bed addition to the 2 Casualty Staging Flight was dedicated on 21 April 1967 in memory of all flight nurses who had lost their lives in the line of duty.¹⁵⁰ The second project was the alteration of an existing building for an aeromedical evacuation facility at Yokota. It provided 5,620 square feet of floor space at a cost of \$80,000 and was completed in April 1967.¹⁵¹ Both of these facilities were urgently needed to accommodate the accelerated patient traffic.

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148. 10 AEGp Corona Harvest Input, Jan 65-Mar 68, pp 36, 76, 148-149.
 149. Management Information Summary, MAC DCS/Compt (subsequently cited as MIS), subj: Civil Engineering, 18 May 67, p 2.
 150. Ltr, MAC Surgeon to USAF Surgeon, subj: Monthly Report, 1 May 1967.
 151. MIS, subj: Civil Engineering, 17 Aug 67, p 3.

[REDACTED]

IMPROVING THE SYSTEM AND SERVICE

(U) The aeromedical system and service was improved and became increasingly effective in the 1965-1968 period. Noteworthy advances were made in the art of aeromedical evacuation. Planning, studies, and research and development played an important part in this accomplishment.

Planning

[REDACTED] The USAF and MAC plans for augmenting aeromedical evacuation with aircrews from active duty resources were developed and revised as discussed on pages 26-27. A medical annex to MATS Operations Plan 157, September 1965, outlined the method of handling an increase¹⁵² in patient airlift from the Pacific. Plans were also developed for augmenting aeromedical evacuation in emergencies with MAC-gained¹⁵³ reserves. Additionally, a plan for converting the domestic system¹⁵⁴ to C-9 aeromedical aircraft was developed and used extensively.

Studies

(FOUO) A number of studies addressing the modernization and improvement of aeromedical aircraft and service were completed or

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152. Hist, MAC, 1 Jul 65-30 Jun 66, XI, Sup Doc IV-6. See also chap II, this study, Planning for SEA Wartime/Emergency Aeromedical Evacuation, pp 21-22.
153. MATS Special Plan 171, Nov 65; MAC Special Plan 193, 15 May 68; 375 AAWg Special Plan 193, 31 Jul 68.
154. MAC PROP 67-8, 15 Mar 68 (hist, MAC, Jul 68-Jun 69, XIX, Sup Doc V-257).
- [REDACTED]

in progress. A MATS study dated 15 April 1965¹⁵⁵ and its supplement dated 1 April 1966¹⁵⁶ supported modernization of CONUS and intratheater aeromedical evacuation aircraft. These in-depth reports, adding momentum to the modernization effort, stated that ". . . optimum mission performance has been attained within the limitations of the current equipment, manning and economies of operation, and that when compared to the current state-of-the-art air travel, this service is substantially below standard."¹⁵⁷ These studies concurred that ". . . to improve the conditions that are responsible for most of the inadequacies of the current system, re-equipping with a modern high speed, jet transport in appropriate UE quantities will be required."

(U) On 21 June 1966 Headquarters USAF directed MAC to undertake a systems analysis study to evaluate all aspects of the aeromedical evacuation operation and mission. The overall purpose of this study was to define and establish the optimum Air Force posture for the operation of the world-wide aeromedical evacuation system.¹⁵⁸

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155. Study (S), MATS Aeromedical Evacuation, prepared at HQ MATS, 15 Apr 65 (subsequently cited as MATS AE Study) (hist, MATS, Jul 64-Jun 65, VII, Sup Doc II-31). This study addressed the CONUS AE system.
156. Study (S), Modernization of the Domestic, Domestic Offshore and USAFE Aeromedical Evacuation System, prepared at HQ MAC, 1 Apr 66 (hist, MAC, Jul 68-Jun 69, XXIV, Sup Doc V-203). This study supplemented the MATS AE Study.
157. MATS AE Study.
158. MIS, subj: Plans, 14 Jan 70, p 12.

(U) The ensuing comprehensive study was accomplished in three phases. Phase I was a joint MAC-Boeing Company effort that developed a computer simulation model and collected statistical and financial data for use in determining the quantitative requirements for aircraft to modernize the system. This phase terminated in 1966 with the announcement of a source selection plan for the new aircraft. Phase II analyzed the aeromedical evacuation information system; Phase III addressed the management process. The final report, however, was not submitted until 30 March 1970 due to delays in completing the substudies.

(U) A study during this timeframe of the technical aspects of patient movement was sponsored by the USAF School of Aerospace Medicine, Aerospace Medical Division (AFSC), Brooks Air Force Base, Texas, and prepared under contract with General Dynamics, Convair Division, San Diego, California. This report covered the period 27 December 1967-31 July 1968. It described and documented the results of a medically oriented study of Air Force Aeromedical Evacuation and represented a landmark effort in the evolution of the system.

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159. Analysis of Aeromedical Evacuation System, Phase II - Information System Requirements (U), HQ MAC Command Operations Analysis, 31 May 67; MAC SEA Air Evac Corona Harvest Input, Jan 65-Mar 68, p IV-V-25; hist, MAC, Jul 68-Jun 69, I, p 211.
160. World-Wide Aeromedical Evacuation Study (S), MAC DCS/Plans, 30 Mar 70.
161. Medical Systems Analysis (U), Aeromedical Evacuation System, John P. McCann, M.D., et al., USAF School of Aerospace Medicine, Aerospace Medical Division (AFSC), Brooks AFB, Texas, December 1968 (hist, MAC, Jul 68-Jun 69, VIII, Sup Doc III-3).

Research and Development (R & D)

(U) The aeromedical evacuation R & D program developed and improved items of materiel and equipment, compatible with patient airlift operations, to facilitate the care and handling of patients within the aeromedical evacuation system. This was a joint MAC-USAF School of Aerospace Medicine (SAM) effort. MAC identified specific R & D requirements to Headquarters USAF. Approved projects were designed and developed by SAM. MAC performed user testing of the R & D items and contracted for commercial production. ¹⁶² As of 30 June 1968 there were 16 MAC/SAM aeromedical evacuation R & D projects in varying stages of development and testing: ¹⁶³

Intensive care unit for C-141 and follow-on aircraft

Bacterial isolation unit

Airborne patient nurses call and vital signs monitoring system

Fast tiedown strap for floor loaded litters and stryker frames

Doppler ultrasonic blood pressure sensor

Disposable aeromedical evacuation linens and mattresses

Sphygmomanometer for use aboard aircraft

Electronic stethoscope

Fluid electrolyte kit

162. Hist (S), MAC, Jul 68-Jun 69, I, pp 262-263; briefing (U), MAC Aeromedical Evacuation, MAC Surgeon, 15 Aug 69 (hist, MAC, Jul 68-Jun 69, VIII, Sup Doc III-5).

163. Medical History of MAC, 1 Jul 67-30 Jun 68, MAC Command Surgeon, pp. 39-40.

In-flight incubator

Litter lamp

Portable therapeutic liquid oxygen system

Litter access unit

Tube feeding for aeromedical evacuation

Litter design

Direct mechanical ventricular assistance pump

ACCOMPLISHMENTS

(U) A total of 534,523 (average 106,904 per year) patients were transported world-wide during the calendar years 1964 through 1968. There were 251,569 patients moved in domestic and 282,954 in foreign/international airlift. The totals transported by calendar year varied from 45,354 in 1964 to 197,474 in 1968, the greatest number of patients moved in any one year during the Vietnam conflict. No patient was lost by aircraft accident. The annual patient airlift requirements increased progressively during this five-year period, as follows:¹⁶⁴

<u>Calendar Year</u>	<u>Patients Transported</u>
1964	45,354
1965	72,964 (1,608)
1966	91,873 (7,651)

164. See App III. Battle casualties indicated in parentheses.

<u>Calendar Year</u>	<u>Patients Transported</u>
1967	126,858 (22,941)
1968	197,474 (60,770)
	————— —————
Total	534,523 (91,362)

The number of patients airlifted world-wide per month climbed from
a low of 3,180 in December 1964 to a high of 20,706 in February 1968.¹⁶⁵

165. See App III. This was the monthly low and monthly high for the Vietnam conflict.

CHAPTER IV: AEROMEDICAL EVACUATION PHASEDOWN 1969-1971

(U) The period 1969 to 1971 was a time of transition to reduced levels of US operations in Vietnam. The turning point in the involvement in Vietnam was the cessation of the bombing of North Vietnam on 1 November 1968. This action plus progress of the Vietnamization program with the increased role by South Vietnam in the fighting permitted graduated US disengagement and phased troop withdrawals beginning in 1969. By 1971 Secretary of State William P. Rogers listed as foreign affairs accomplishments: "The continued troop withdrawals in Vietnam, the success of the Vietnamization program and the sharp reduction in American casualties."¹⁶⁶

MANNING

(U) A 70.7 percent reduction in US personnel strength in South Vietnam occurred in the three-year period ending 31 December 1971. On 31 December 1968 there were 536,100 US military personnel in South Vietnam; by December 31, 1971, this total had decreased to approximately 157,000. Concurrently, the number of US battle casualties

166. Ltr (S), MAC Political Advisor to Special Distr, subj: Political Resume--January 1972 (U), 28 Jan 72.

in Vietnam airlifted by MAC declined from 60,770 in calendar year 1968 to 8,183 in 1971.¹⁶⁷ This reduction in patient airlift requirements had wide impact on MAC aeromedical airlift organizations and operations.

Strength Trends

(U) Comparing personnel statistics by fiscal year end during the eight-year period 1964-1971, the command's Aeromedical Evacuation System reached a peak assigned strength of 1,709 (377 officers, 1,221 airmen, and 111 civilians) on 30 June 1969. There were 522 personnel assigned on 30 June 1964; however, as the mission requirements expanded, the assigned strength as of 30 June increased to 630 in 1965, 767 in 1966, 897 in 1967, 1,142 in 1968, and 1,709 in 1969. Thereafter, declining patient airlift requirements resulted in the reduction of assigned personnel to 1,498 on 30 June 1970 and to 1,078 (293 officers,¹⁶⁸ 688 airmen, and 97 civilians) on 30 June 1971.

Augmentation

(U) It was not until September 1969 that the total number of patients transported by month began a definite progressive decline.¹⁶⁹ Consequently, augmentation of the command's aeromedical force with Cold Dove/Patch Up personnel on temporary duty and Reserve Forces

167. App I & III.

168. App VI.

169. App III.

[REDACTED]

units on active duty continued into the 1969-1971 time period. As late as December 1969 the 10 Aeromedical Evacuation Group had 45 Cold Dove/Patch Up augmentees (12 flight nurses, 31 medical technicians, and two aeromedical evacuation operations officers), which included eight aeromedical aircrews.¹⁷⁰ Texas Tour reservists and associate reserves also added to the force. Two Reserve Forces units¹⁷¹ provided augmentation in FY 69:

<u>Reserve Unit</u>	<u>Unit Augmented</u>	<u>Period</u>
52 Medical Services Sq (AFRes) Scott AFB, IL	USAF Hosp Scott, Scott AFB, IL	13 May 68- 18 Jun 69
34 Aeromedical Evacuation Sq (AFRes), Kelly AFB, TX	10 Aeromedical Evacuation Group, Hickam AFB, Hawaii	13 May 68- 18 Jun 69

Reserves

[REDACTED] The active aeromedical evacuation force was backed up by well-organized, MAC-gained reserves. As of 31 December 1971 there were 24 Air Force Reserve aeromedical evacuation flights/squadrons (201 aeromedical evacuation crews formed) and 23 Air National Guard aeromedical evacuation flights/squadrons (154 aeromedical evacuation crews formed), shown on Chart XII.¹⁷² Important changes in this period included the establishment of the 932 Military Airlift Group,

170. MAC SEA Air Evac Corona Harvest Input, 1968-1969, p IV-III-1.
 171. App VII.
 172. MIS (FOUO), subj: Other Staff Agencies, 5 Feb 72, p 1-8.
 See App VIII.

[REDACTED]

CHART XII
MAC GAINED MEDICAL UNITS

The MAC Medical Reserve Forces Program is based on general war requirements developed from Armed Services Medical Regulating Office (ASMRO) casualty estimates validated by JCS.

Approximately 73 active duty personnel within MAC are involved in training, inspection, and safety programs of 89 Air National Guard and Air Force Reserve Medical Units.

An Aeromedical Evacuation Medical crew consists of 2 Flight Nurses and 3 Medical Technicians.

AIR FORCE RESERVE

TYPE OF UNIT	No.	AUTHORIZED		ASSIGNED		AEROMED EVAC CREWS		
		OFF	AMN	OFF	AMN	AUTH	FORMED	O/R
* Aeromedical Evacuation Flights/Squadrons	24	706	1063	481	957	297	201	101
Associate Group Medical Elements	7	29	71	23	67			
Medical Service Units	12	310	1004	192	847			
USAF Dispensaries	11	110	341	89	361			
TOTAL	54	1155	2479	785	2232	297	201	101

*Includes 1 AASq (Assoc)

AIR NATIONAL GUARD

*Aeromedical Evacuation Flights/Squadrons	23	652	994	329	843	276	154	108
USAF Dispensaries	12	120	373	79	331			
TOTAL	35	772	1367	408	1174	276	154	108

*Includes 4 AASqs

OVERALL

TOTAL	89	1927	3846	1193	3406	573	355	209
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PERCENT MANNING


	AIR FORCE RESERVE					AIR NATIONAL GUARD				
	OFF	AMN	TOT	FORMED	O/R	OFF	AMN	TOT	FORMED	O/R
Percent of Authorized Personnel Assigned	68	90	83			53	86	74		
Percent of Authorized Aeromed Evac Crews				68	34				56	39

OVERALL RECAP

ALL PERSONNEL	
Assigned vs Authorized	80%
AEROMED EVAC CREWS	
Formed vs Authorized	62%
O/R vs Authorized	36%
O/R vs Formed	59%

As of 31 Dec 71

Source: Management Information Summary, DCS/Compt, subj: Other Staff Agencies, 5 Feb 72, p 1-8.



 Scott AFB, Illinois, as a Reserve Associate group (C-9) on 25 July
 1969¹⁷³ and the implementation of a C-141 Reserve Aeromedical Evacu-
 ation Program.¹⁷⁴

ORGANIZATION ADJUSTMENTS

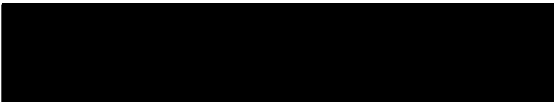
(U) Both the domestic and Pacific segments of the MAC Aeromedical Evacuation System underwent organization changes during the period 1969-1971. The European segment, however, remained unchanged. The changes to the domestic segment occurred in connection with its conversion to C-9A aircraft. This conversion permitted positioning all CONUS C-9A aircraft and aircraft maintenance support at Scott AFB and the elimination of all CONUS aeromedical airlift squadrons except the 11th at Scott AFB. Elements were retained, however, at Andrews, McGuire, Buckley, Kelly, Maxwell, and Travis AFBs to perform subordinate control center functions at these locations.¹⁷⁵

(U) There were a number of adjustments in the 10 Aeromedical Evacuation Group structure during the period. The 10th's detachment at Andersen AFB was realigned to the 57 Aeromedical Evacuation Squadron, 1 November 1969, in a streamlining action. The 55 Aeromedical Evacuation Squadron (10 AEGp) was organized at Elmendorf AFB, 1 April 1970, to support the increased aeromedical evacuation traffic over

173. HQ AFRes SO G-10, 19 Mar 69.

174. MAC Programming Plan 70-4 (FOUO), 1 Nov 70 (hist, MAC, Jul 70-Jun 71, VI, Sup Doc I-37).

175. App VII.



the modified polar route through that station. The most significant development, however, was the action in late 1971 to eliminate the 55 Aeromedical Evacuation Squadron, Elmendorf AFB, Alaska, due to the decline in patient traffic through that station. ¹⁷⁶

(U) As of 31 December 1971 the organizational structure of the MAC Aeromedical Evacuation System consisted of three segments--the domestic, the Pacific, and European, with components as follows: ¹⁷⁷

Domestic

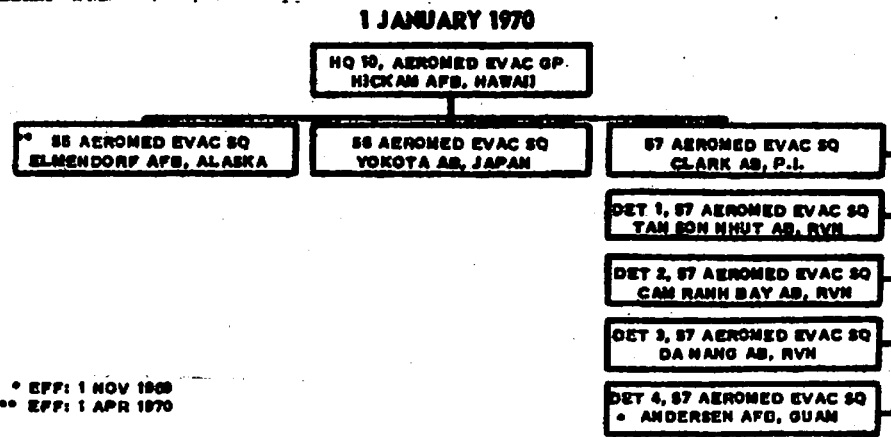
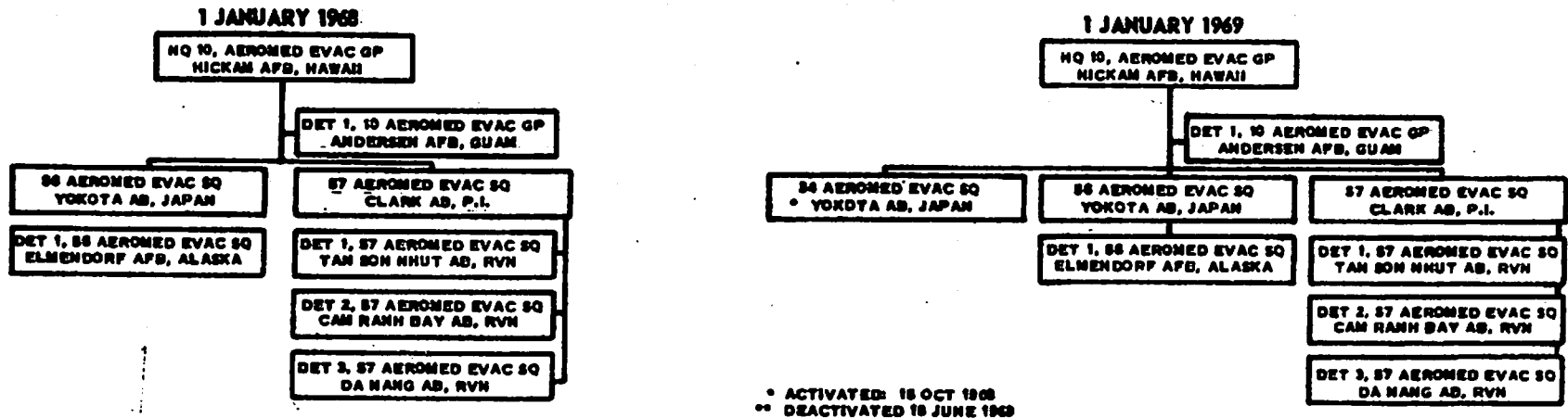
<u>Component</u>	<u>Location</u>
375 Aeromedical Airlift Wing	Scott AFB, Illinois
Detachment 1	Andrews AFB, Maryland
Operating Location A	McGuire AFB, New Jersey
Detachment 2	Maxwell AFB, Alabama
Detachment 3	Buckley AGB, Colorado
Detachment 4	Travis AFB, California
Detachment 5	Kelly AFB, Texas
Detachment 6 (Res Forces Advisor)	Greater Pittsburgh Aprt, Pa.
Operating Location A	Martinsburg Muni Aprt, WV.
Operating Location B	McGuire AFB, New Jersey

176. App VII. The 55 AESq was eliminated 1 Dec 71.

177. App VII; MM 23-1, 1 Oct 71. Charts XIII and XIV show the 10 AEGp organization 1 Jan 68 through 1 Jan 70 and the MAC AES organization 30 Nov 71. USAF CONUS and MAC medical facilities, 30 Jun 71, are shown on Map V and Chart XV.

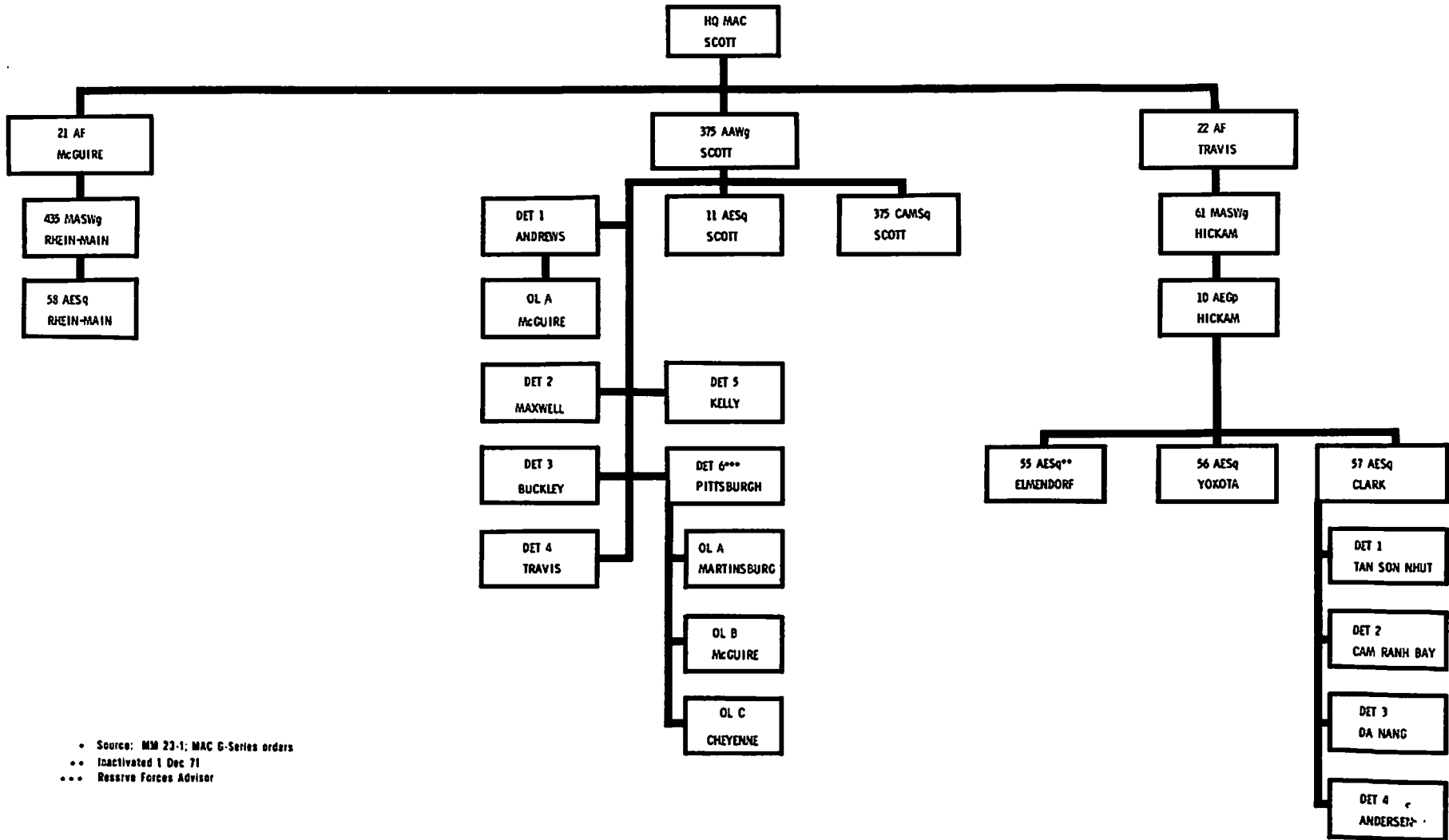
CHART XIII

**ORGANIZATIONAL DEVELOPMENT OF THE
MAC PACIFIC AEROMEDICAL EVACUATION SYSTEM
(10th AEROMEDICAL EVACUATION GROUP)
DURING THE PERIOD
1 JANUARY 1968 THROUGH 31 DECEMBER 1969**



Source: MAC SEA Air Evac Corona Harvest Input, 1968-1969, p IV-V-9.

ORGANIZATION CHART OF THE MAC AEROMEDICAL EVACUATION SYSTEM 30 Nov 71*

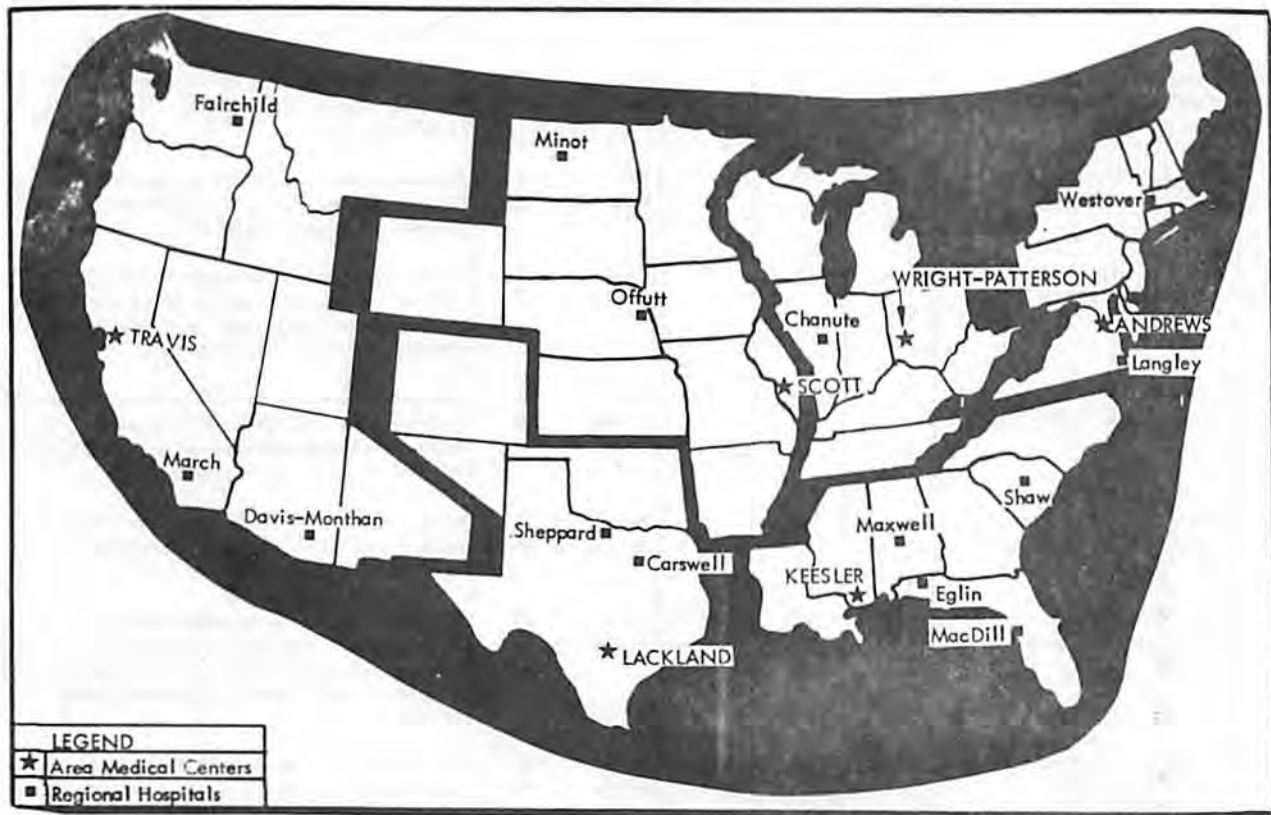


* Source: MM 23-1; MAC G-Series orders
 ** Inactivated 1 Dec 71
 *** Reserve Forces Advisor

U.S. AIR FORCE HOSPITAL SYSTEM

AREA MEDICAL CENTERS/REGIONAL HOSPITALS

The new USAF Hospital System is based upon the organizational concept of regionalization, with medical facilities of different sizes and capabilities grouped into specific geographic subdivisions. The Continental U.S. is divided into areas, each served by an area medical center. Each area is further subdivided into Regions, each served by a Regional Hospital. This map depicts the geographical locations of designated area medical centers and regional hospitals. The number of regions within each area was determined by the eligible DOD beneficiary population to be served and the capabilities of existing AF facilities.



★
 David Grant USAF Medical Center, Travis AFB, Calif.
 USAF Medical Center, Keesler AFB, Miss.
 Malcolm Grow USAF Medical Center, Andrews AFB, Md.
 USAF Medical Center, Scott AFB, Ill.
 Wilford Hall USAF Medical Center, Lackland AFB, Tex.
 USAF Medical Center, Wright-Patterson AFB, Ohio

■
 USAF Regional Hospital, Carswell AFB, Tex.
 USAF Regional Hospital, Chanute AFB, Ill.
 USAF Regional Hospital, Davis-Monthan AFB, Mont.
 USAF Regional Hospital, Eglin AFB, Fla.
 Ehrling Bergquist USAF Regional Hospital, Offutt AFB, Neb.
 USAF Regional Hospital, Fairchild AFB, Wash.
 USAF Regional Hospital, Langley AFB, Va.
 USAF Regional Hospital, MacDill AFB, Fla.
 USAF Regional Hospital, March AFB, Calif.
 USAF Regional Hospital, Maxwell AFB, Ala.
 USAF Regional Hospital, Minot AFB, N. Dak.
 USAF Regional Hospital, Shaw AFB, S.C.
 USAF Regional Hospital, Sheppard AFB, Tex.
 USAF Regional Hospital, Westover AFB, Mass.

As of 30 Jun 71

SOURCE: Management Information Summary, MAC DCS/Compt, Surgeon, 28 Jul 71

MAC MEDICAL SERVICE CAPABILITY BY BASE

LOCATION AND DESIGNATION	Normal Bed Auth	Inac-tive Beds	ASF ¹ Beds	Dental Operating Rooms	Capability (beyond general practice) & REMARKS
Altus AFB, Oklahoma USAF Hospital Altus	35	37	-	Auth - 17 In Use - 8	Aviation Medicine, Pediatrics, OB-GYN, Internal Medicine, & General Surgery. General Base Support hospital.
Charleston AFB, South Carolina USAF Disp Charleston Class A	6	0	-	Auth - 26 In Use - 15	Aviation Medicine, Pediatrics. Short-term base support hospitalization; complicated cases transferred to Charleston Navy Hospital.
Dover AFB, Delaware USAF Hosp Dover	55	78	-	Auth - 29 In Use - 21	Aviation Medicine, Pediatrics, Internal Medicine, General Surgery, & OB-GYN. General base support hospital.
Lajes AB, Azores USAF Hospital Lajes	25	73	-	Auth - 8 In Use - 6	Aviation Medicine, Pediatrics, Internal Medicine. General Surgery, OB-GYN, & Psychiatry. General base support hospital.
McChord AFB, Washington USAF Disp McChord Class B	-	-	-	Auth - 31 In Use - 17	Aviation Medicine, Out-patient care only for military. Dependents receive all care and military receive hospitalization only at Madigan Army Hospital, Olympia, Washington.
McGuire AFB, New Jersey USAF Disp McGuire Class B	-	-	-	Auth - 33 In Use - 26	Outpatient care only for base military personnel; Aviation Medicine. Dependents receive all care and military receive hospitalization only at Walston Army Hospital, Ft. Dix, New Jersey.
Norton AFB, California USAF Disp Norton Class A	12	11	-	Auth - 26 In Use - 26	Aviation Medicine, Pediatrics. Short-term base support hospitalization; complicated cases transferred to March AFB, Calif.
Scott AFB, Illinois USAF Medical Center, Scott	300	125	120	Auth - 23 In Use - 18	All specialties except neurosurgery & Open Heart Surgery. National specialty care center; the only AF tuberculosis center; has dental internship teaching program. Direct referral to Physical Evaluation Board authority.
Travis AFB, California David Grant USAF Medical Center	385	15	250	Auth - 49 In Use - 30	All specialties, area medical center with both an internship and residency teaching program. Direct referral to Physical Evaluation Board authority.
Ramey AFB, P. R. USAF Hosp Ramey	40	120	-	Auth - 15 In Use - 15	Aviation Medicine, Pediatrics, Internal Medicine, General Surgery, OB-GYN, Orthopedics General base support hospital.

¹ Aeromedical Staging Facility
As of 30 Jun 71

Source: AF-M26
3-AF-M5

SOURCE: Management Information Summary, MAC DCS/Compt, Surgeon, 28 Jul 71

Operating Location C	Cheyenne Muni Aprt, Wyoming
375 Consolidated Aircraft Maintenance Sq	Scott AFB, Illinois
11 Aeromedical Airlift Squadron	Scott AFB, Illinois

Pacific

<u>Component</u>	<u>Location</u>
10 Aeromedical Evacuation Group	Hickam AFB, Hawaii
56 Aeromedical Evacuation Squadron	Yokota AB, Japan
57 Aeromedical Evacuation Squadron	Clark AB, Philippines
Detachment 1	Tan Son Nhut AB, Vietnam
Detachment 2	Cam Ranh Bay AB, Vietnam
Detachment 3	Da Nang Aprt, Vietnam
Detachment 4	Andersen AFB, Guam

European

<u>Component</u>	<u>Location</u>
58 Aeromedical Evacuation Squadron	Rhein-Main AB, Germany

AEROMEDICAL AIRCRAFT DEVELOPMENTS

(U) The principal aircraft used by the Military Airlift Command for aeromedical evacuation 1969-1971 were the C-9A (domestic use) and C-141 (Pacific strategic and intratheater use). These two aircraft provided a reliable and efficient all-jet capability. The C-9A completely replaced the C-118 and C-131 in CONUS aeromedical evacuation. The last C-131 aeromedical evacuation mission flown by

the 375 Aeromedical Evacuation Wing was on 8 August 1969 and the final C-118 aeromedical mission by the same organization was on 31 December 1969. There were 12 C-9A aircraft assigned to the 375 Aeromedical Airlift Wing as of 31 December 1969.¹⁷⁸

PATIENT FLOW

Movement Coordination and Control

(U) The coordination and control of the movement of patients through the MAC Aeromedical Evacuation System continued to be exercised by a network of control centers at unit and component locations. In the Pacific these functions were performed by the 10 Aeromedical Evacuation Group, headquartered at Hickam AFB, Hawaii, and its components at Clark, Yokota, Elmendorf, Andersen, and three locations within Vietnam. The staff of the 10 Aeromedical Evacuation Group maintained close coordination and liaison with the command surgeons and staffs of the unified Pacific Command and the headquarters of its components--US Pacific Fleet, US Army Pacific, and Pacific Air Forces. The 10th also maintained close coordination and liaison with the Far East Joint Medical Regulating Office (FEJMRO), Japan; the Saigon Area Joint Medical Regulating Office (AJMRO); and all Armed Forces medical facilities in the Pacific Area.¹⁷⁹ Full use was made of intercommand conferences. In the Continental United

178. See App IV and V.

179. Hist, 61 MAWg, Jan-Jun 69, I, p 317.

States coordination and control were performed by the 375 Aeromedical Airlift Wing, Scott AFB, Illinois, and its components at various locations. The 58 Aeromedical Evacuation Squadron, Rhein-Main AB, Germany, performed these functions for MAC in Europe.

Route and Flight Revisions

(U) The domestic and European aeromedical evacuation route/flight structure remained relatively stable during this period; however, the Pacific route/flight schedules were revised as necessary to accommodate the declining mission workload. The scheduled weekly Pacific inter/intratheater aeromedical flights were reduced from 49 (26 intertheater and 23 intratheater) over 12 different routes (eight intertheater and four intratheater) in December 1968 to 34 (17 intertheater and 17 intratheater) over 12 routes (six intertheater and six intratheater) in December 180 1971.

(U) Changes began early in 1969, with the establishment of two new intratheater channels on 1 February. One of these was a scheduled weekly flight serving the route Saigon-Bangkok-Korat-Clark. Also, three scheduled flights per week were inaugurated over the route Saigon-Kadena-Yokota, supporting the Camp Kue Army Hospital 181 in Okinawa.

180. App IX. Maps VI, VII, and VIII show the domestic, European, and Pacific route/flight structure as of 31 Dec 71.

181. Hist, 61 MAWg, Jan-Jun 69, I, p 308; hist, 61 MASWg, Jul-Dec 69, I, pp 222-223.

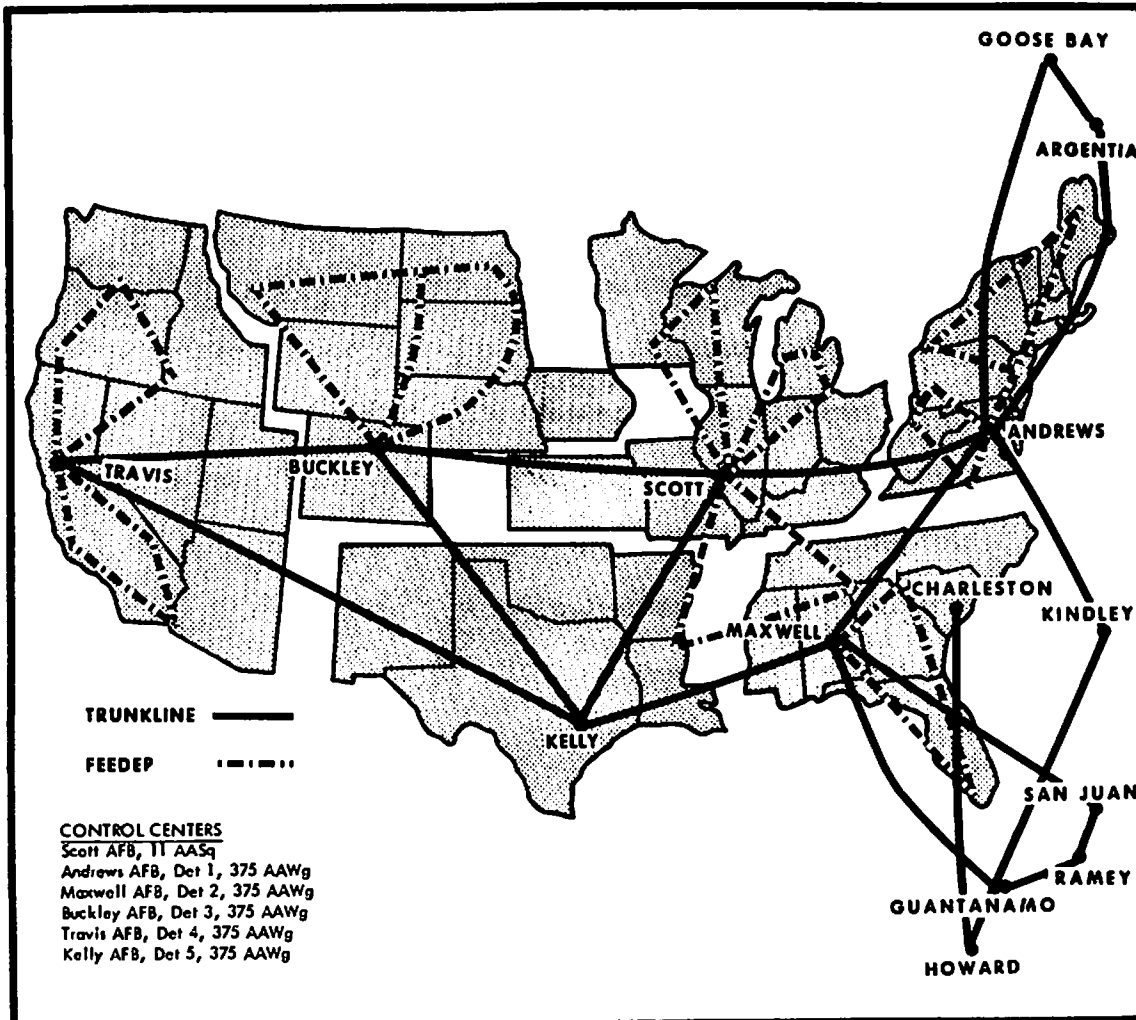
MAP VI

MAC DOMESTIC/NEAR OFF SHORE
AEROMEDICAL EVACUATION SYSTEM

CONTROL CENTERS AND AREAS SERVED

AIRCRAFT RESOURCES: 12 C-9
The Domestic System is supplemented by
21 AF and 22 AF C-141 aircraft.

FREQUENCY: Domestic System varies from two to five missions
weekly between major patient enplaning and deplaning terminals.
Near off shore missions are flown biweekly to stations shown.



Source: Management Information Summary, DCS/Compt,
subj: Other Staff Agencies, 5 Feb 72, p 1-1.

As of 31 Dec 71

MAP VII

C-141 MAC AEROMEDICAL EVACUATION ROUTES

EUROPEAN - MIDDLE EAST AREA

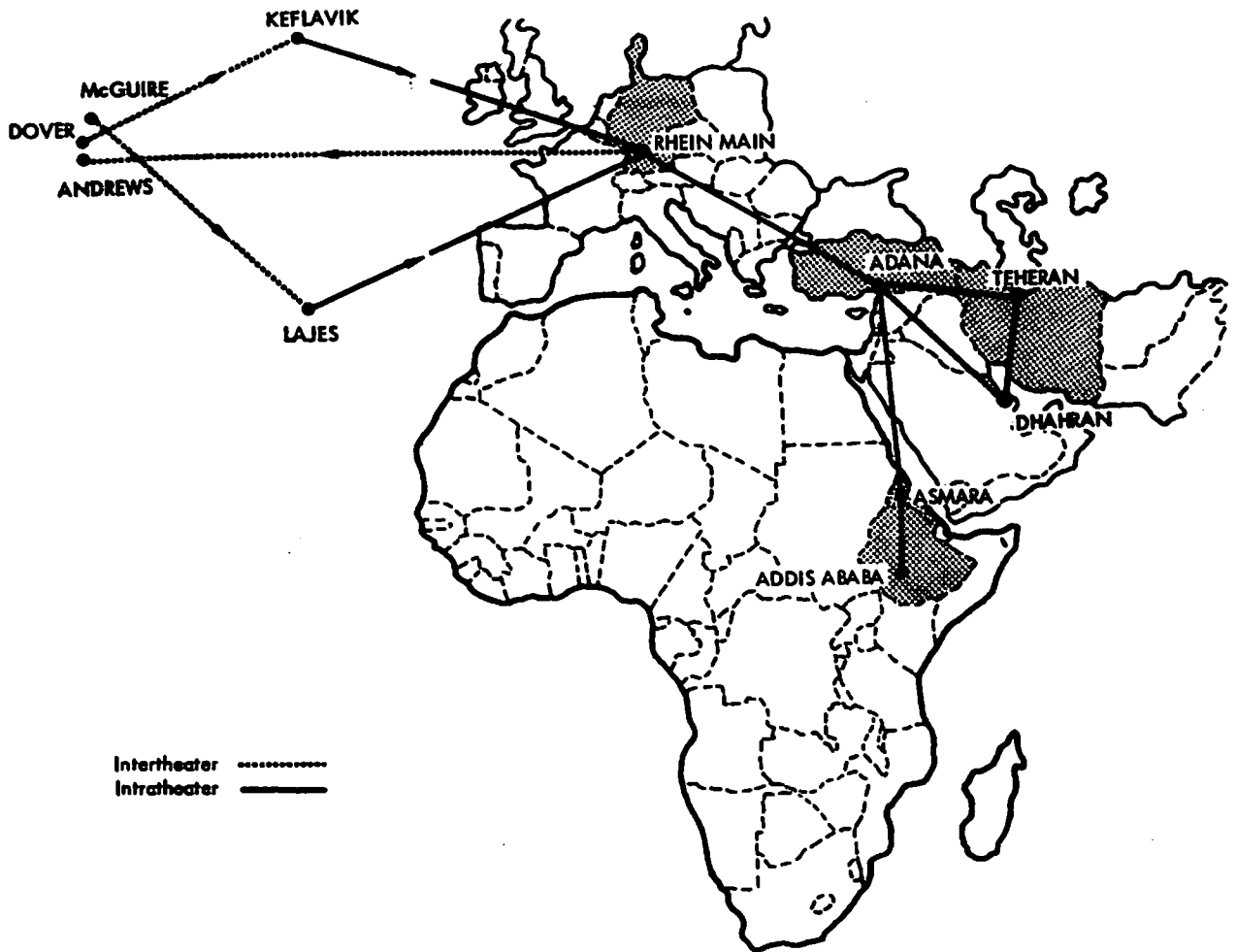
INTER/INTRATHEATER

The intratheater aeromedical evacuation responsibility is vested in CINCUSAFE Surgeon.

CONTROL CENTER:

Rhein Main AB, 58 AESq

FREQUENCY: European intertheater evacuation is scheduled twice weekly from Rhein-Main to Andrews. CONUS to Europe returns and Lajes Intratheater service is provided once per week. CONUS to Europe returns and Keflavik intratheater service is provided biweekly. Two Middle East routes, Rhein-Main-Adana-Teheran-Dhahran-Adana-Rhein-Main and Rhein-Main-Adana-Asmara-Addis Ababa-Adana-Rhein-Main are serviced on alternate weeks.



As of 31 Dec 71

Source: Management Information Summary, DCS/Compt, subj: Other Staff Agencies, 5 Feb 72, p 1-2.

C-141 MAC AEROMEDICAL EVACUATION ROUTES

PACIFIC AREA

PACIFIC CONTROL CENTERS:

Yokota AB, 56 AESq
 Clark AB, 1600 Spt Gp
 * Tan Son Nhut, Det 1, 1600 Spt Gp
 * Cam Ranh Bay AB, Det 2, 1600 Spt Gp
 * Da Nang AB, Det 3, 1600 Spt Gp
 Andersen AFB, Det 4, 1600 Spt Gp
 * SEA Aeromedical Evacuation Control Center

CONUS AERIAL PORTS OF EMBARKATION:

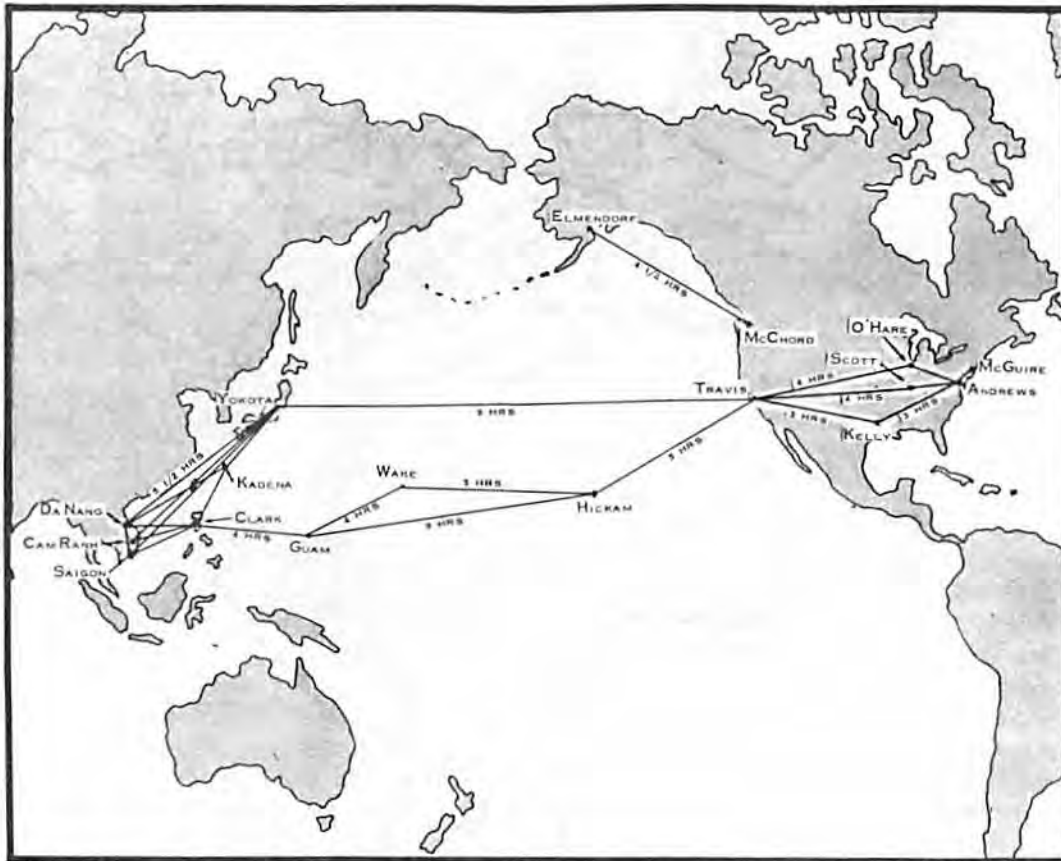
Andrews AFB, Md
 O'Hare Int'l Aprt, Ill
 Kelly AFB, Tex
 McGuire AFB, NJ
 Scott AFB, Ill
 Travis AFB, Calif

ROUTE

Clark-Saigon-DaNang-Kadena-Clark
 Clark-Guam-Hickam-Travis
 Clark-Cam Ranh-Yokota
 Clark-DaNang-Yokota
 Clark-Saigon-Yokota
 Clark-Saigon-DaNang-Clark
 Travis-Hickam-Wake-Guam-Clark
 Yokota-Travis-Kelly-Andrews
 Yokota-Travis-Kelly
 Kadena-Yokota-Travis-O'Hare-Andrews
 Yokota-Travis-Scott-Andrews-McGuire
 McChord-Elmendorf-McChord

WEEKLY FLIGHTS

4
 4
 7
 3
 4
 4
 2
 4
 3
 3
 4
 1
 41



As of 31 Dec 71

Source: Management Information Summary, DCS/Compt, subj: Other Staff Agencies, 5 Feb 72, p 1-3.

(U) There was an increase in the number of Pacific-CONUS C-141 extensions in 1969, which supported the CONUS system during its conversion from C-118/C-131 to C-9A aircraft. On 1 October a McChord extension of the Sunday and Thursday Yokota-Travis mission and a new Friday Yokota-Travis-Kelly flight were added. Also, on 1 December the Yokota-Elmendorf-Andrews-McGuire mission began stopping twice a week at Glenview Naval Air Station, Illinois, to serve the Great
182
Lakes Naval Hospital.

(U) A total of 48 scheduled Pacific aeromedical airlift flights (22 intertheater and 26 intratheater) over 14 routes (nine intertheater and five intratheater) were flown per week in December 1969. Eighteen of the intertheater flights originated at Yokota (the focal point for evacuation to the CONUS), two at Da Nang, one at Clark, and one at Travis (retrograde). Twelve of these intertheater flights (transiting Elmendorf) terminated on the US east coast (at Andrews and McGuire), eight at Travis, one at Kelly, and one at Clark. Ten of the intratheater flights originated at Da Nang, eight at Saigon, seven at Cam Ranh Bay, and one at Yokota. Twenty-four of these intratheater
183
flights terminated at Yokota and two at Clark.

(U) Calendar year 1970 was a time of transition to reduced levels of MAC aeromedical airlift activity in the Pacific area. The route/flight structure was reconfigured from 48 scheduled weekly

182. Hist, 61 MASWg, Jul-Dec 69, I, pp 210-212.

183. App IX.

flights in December 1969 to 32 per week (16 intertheater and 16 intratheater) over 15 different routes (seven intertheater and eight intratheater) in December 1970. Both the intertheater and intratheater route/flight patterns were adjusted to provide the most effective service.¹⁸⁴ An important change was the establishment on 1 June 1970 of two new routes (Yokota-Travis-Kelly-Maxwell and Yokota-Travis-Buckley-Scott-Andrews) to the CONUS, delivering patients to destination hospitals nearer their homes with a minimum of overnight stops.¹⁸⁵

(U) The MAC Pacific aeromedical airlift route/flight structure was revised during 1971 to 34 scheduled weekly flights (17 intertheater and 17 intratheater) over 12 different routes (six intertheater and six intratheater). A number of adjustments were made in the route/flight pattern between Clark, Vietnam, Kadena, and Yokota. A significant development was the discontinuance of flights over the North Pacific route through Elmendorf and an increase in the number of flights through Travis. In connection with this change three new C-141 CONUS extensions (Yokota-Travis-Kelly-Andrews, Yokota-Travis-O'Hare-Andrews, and Yokota-Travis-Scott-Andrews-McGuire) were established to serve intermediate CONUS locations and the east coast. Also, the Yokota-Travis-Kelly flights were increased to three per week.¹⁸⁶

184. Ibid.

185. MIS, subj: Surgeon, 22 Jul 70, p 1.

186. App IX; hist, 61 MASWg, Jul-Dec 71, I, p 82.

CONSTRUCTION

(U) During calendar years 1969-1971, as in the previous five-year period, there was only a limited amount of construction in support of the MAC aeromedical evacuation function. Actually, only one significant item was completed in this timeframe. This was a 15,000 square foot, 100-bed interim aeromedical evacuation staging facility (modular unit) built at Scott Air Force Base, Illinois, at a cost of \$56,800. Construction work on this building began 24 June 1971 and the project was completed by 15 November 1971.¹⁸⁷ This undertaking, accomplished as a Prime BEEF (Base Engineer Emergency Forces) training exercise, replaced substandard quarters being used as an aeromedical staging facility.¹⁸⁸

AEROMEDICAL EVACUATION REFINEMENTS

(U) The process of refining and improving the aeromedical evacuation system and service progressed in the 1969-1971 timeframe. Planning, studies, and research/development continued.

Planning

(U) Plans for augmenting the aeromedical evacuation system were revised. The two plans for quick reaction emergency augmentation with active duty personnel, Patch Up and Cold Dove, were updated.

187. Intvw, CLR with Mr. Roger G. Weber, MAC DCS/Civil Engineering, 20 Mar 72.

188. MAC Civil Engineer Information Bulletin, MACRP 85-1, October/November/December 1971, pp 5-6.

Patch Up, the USAF plan for emergency augmentation with aeromedical crews from other than MAC resources, was republished on 15 January 189 and 1 January 1971.¹⁹⁰ Cold Dove, the MAC plan for emergency augmentation with aeromedical crews from MAC sources, was revised on 30 March 1969¹⁹¹ and 16 July 1971.¹⁹²

Studies

(U) Studies directed toward improving the aeromedical evacuation system and service continued, with one general and three specific projects accomplished. A comprehensive study designed to develop a master plan for world-wide aeromedical evacuation during peace and war for the decade of the 1970s was completed in March 1970.¹⁹³

An investigation of the MAC-gained aeromedical Reserve Forces, reviewing current and future needs, was finished 1 April 1971.¹⁹⁴ An analysis of the criteria for aeromedical evacuation aircrews was finished 28 May 1971. This inquiry, requested by the MAC Commander, identified world-wide aeromedical evacuation crew and ground support manpower requirements.¹⁹⁵ A third special study investigated aeromedical

189. USAF Operation Plan 1-69, Patch Up, 15 Jan 69.

190. USAF Operation Plan 1-71, Patch Up, 1 Jan 71.

191. MAC Special Plan 167, Cold Dove, 30 Mar 69.

192. MAC Operation Plan 805, Patch Up, 16 Jul 71.

193. MAC World-Wide Aeromedical Evacuation Study (S), MAC DCS/Plans, 31 Mar 70. See pp 87-89.

194. MIS, subj: Studies, 13 Jul 71, p 2-1. Title of study: MAC-Gained Air Reserve Forces; OPR: MAC DCS/Plans.

195. MIS, subj: Studies, 11 Jun 71, p 2-1. Title of study: Criteria for Aeromedical Evacuation Aircrews; OPR: MAC DCS/Plans.

evacuation scheduling procedures. It was initiated with the approval of the MAC Commander after the USAF decision in 1968 to buy C-9s for domestic aeromedical evacuation. The purpose was to develop an automated means for scheduling aircraft and delivering patient manifests. As of August 1971 work on this project was suspended.¹⁹⁶

Research and Development (R & D)

(U) Research and development designed to improve the welfare and comfort of patients aboard MAC aeromedical flights, a joint USAF-MAC-School of Aerospace Medicine effort, remained a high priority program. Some of the projects in progress in 1968 were completed while new ones were undertaken. A significant R & D item developed and tested was a Special Airborne Medical Care Unit (SAMCU) designed for insertion in a C-141 or C-130. The SAMCU, shown on Chart XVI, increased the capability for routine in-flight medical care and provided a special care area for the emergency treatment of seriously ill or injured patients.¹⁹⁷ Operational testing of the SAMCU was conducted by the 10 Aeromedical Evacuation Group during the period 16 October 1970 through 30 June 1971.¹⁹⁸ As of June 1971 there were 37 joint¹⁹⁹

196. MIS, subj: Studies, 13 Aug 71, p 3-1. Title of Study: Aero-medical Evacuation Scheduling Procedures; OPR: MAC Operations Analysis Office.

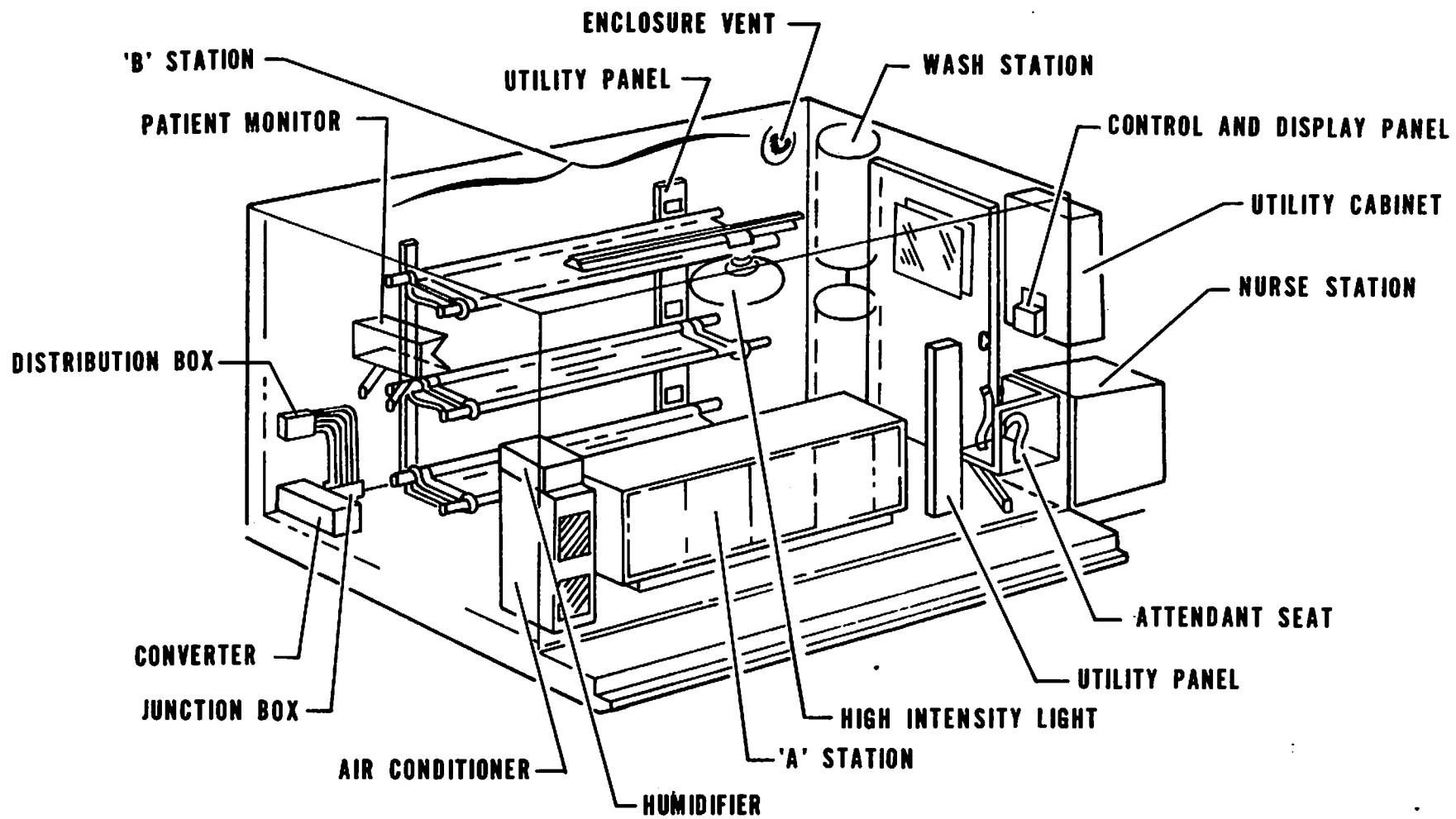
197. MAC SEA Air Evac Corona Harvest Input, 1968-1969, p IV-IV-29.

198. Ibid., p IV-IV-30.

199. Hist, 57 AESq, Jul 70-Jun 71, pp 7-8.

SAMCU - GENERAL ARRANGEMENT

SAMCU Diagram



Source: MAC SEA Air Evac Corona Harvest Input, 1968-1969, p IV-IV-29.

USAF-MAC R & D items in varying stages of development and testing in coordination with the USAF School of Aerospace Medicine, which
200
were:

Litter Access devices
Bacterial isolation unit
Mistogen electronic ultrasonic nebulizer
Aeromedical staging facility
Litter lamp
Sigmamotor infusion pump
Cast cutter for aeromedical airlift
Inflight monitoring equipment
Oxygen analyzer/controller
Sun shields
IV holder
Stryker wedge turning frame
Thoraseal chest suction
Pleuravac chest suction
Suction Reservoir system
Power harness
Infant transport system
Transportable airborne treatment station
Digital electronic thermometer
Inflight gravity independent infusion system

Life support stowage for litter patients
Centerline and modesty curtains for aeromedical evacuation
Inflight blood pressure determination device
Inflight radio frequency nurse call system
Powdered tube feeding
Inflight traction devices
Inflight patient securing system
Litter suspension system
Disposable graduated urinal
Improved inflight handwashing facilities
Medical treatment chest for multi-purpose aircraft
Litter backrest, hinged
Linen lift
Aeromedication tray
Aeromedical airlift litter
Disposable hot and cold packs
Twinovac

ACCOMPLISHMENTS

(U) The Military Airlift Command transported by air a total of 373,473 patients world-wide during the calendar year period 1969 through 1971 (average of 124,491 per year). There were 159,376 patients moved in domestic and 214,097 in foreign/international airlift. The totals airlifted by calendar year varied from 172,198 for 1969 to 83,523 in 1971. A total of 75,569 Vietnam battle casualties were

transported in this three-year period. During the seven months--June-December 1971--a total of 6,800 individuals identified as drug abusers²⁰¹ were transported as patients. This had a significant workload impact on the MAC Aeromedical Evacuation System, especially August to December, the time of greatest influx of such patients. Additional missions and²⁰² medical crew members were required to perform this added airlift. As in the 1965-1968 period, no patient was lost through aircraft accident. The number of patients airlifted world-wide declined progressively²⁰³ 1969-1971, as follows:

<u>Calendar Year</u>	<u>Patients Airlifted</u>
1969	172,198 (46,358)
1970	117,752 (21,028)
1971	83,523 (8,183)
	<hr/>
Total	373,523 (75,569)

201. App III.

202. Intvw, CLR, with Major Sanford L. Reevesman, MAC Office of Command Surgeon, 28 Aug 72. The SEA-CONUS drug abuse patient airlift began 26 Jun 71. See App III.

203. App III. Vietnam battle casualties indicated in parentheses.

U.S. MILITARY PERSONNEL IN SOUTH VIETNAM

(Official Defense Department In-Country Strength Figures*)

Date	Army	Navy	USAF	USMC	USCG	Total
Between 1954 and 1960—U.S. Military Strength averaged about 650 advisors.						
31 Dec., 1960	800	15	68	2		About 900
31 Dec., 1961	2,100	100	1,000	5		3,200
31 Dec., 1962	7,900	500	2,400	500		11,300
31 Dec., 1963	10,100	800	4,600	800		16,300
31 Dec., 1964	14,700	1,100	6,600	900		23,300
31 Dec., 1965	116,800	8,400	20,600	38,200	300	184,300
31 Dec., 1966	239,400	23,300	52,900	69,200	500	385,300
31 Dec., 1967	319,500	31,700	55,900	78,200	500	485,600
31 Dec., 1968	359,800	36,100	58,400	81,400	400	536,100
31 Jan., 1969	365,600	35,700	59,300	81,400	400	542,400
28 Feb	364,100	35,600	59,900	80,700	500	540,800
31 Mar	361,500	35,500	60,800	79,900	500	538,200
30 Apr	363,300	36,500	61,400	81,800	400	543,400
31 May	361,300	35,800	61,200	81,700	400	540,400
30 Jun	360,500	35,800	60,500	81,500	400	538,700
31 Jul	362,200	35,500	60,400	79,400	400	537,900
31 Aug	342,600	34,200	59,900	72,400	500	509,600
30 Sep	345,400	33,700	59,700	71,200	500	510,500
31 Oct	338,700	33,500	58,800	64,400	500	495,900
30 Nov	331,400	31,400	58,700	56,800	500	478,800
31 Dec	331,100	30,200	58,400	55,100	400	475,200
31 Jan., 1970	331,200	29,700	57,400	53,800	400	472,500
28 Feb	332,000	29,000	55,500	50,200	300	467,000
31 Mar	315,800	28,600	53,800	43,600	300	427,600
30 Apr	305,100	28,300	52,200	41,700	300	427,600
31 May	306,900	27,700	51,400	41,600	200	427,800
30 Jun	298,600	25,700	50,500	39,900	200	414,900
31 Jul	293,600	22,600	48,200	39,300	200	403,900
31 Aug	294,300	22,200	47,900	35,200	100	399,700
30 Sep	294,100	19,500	46,700	30,000	100	390,400
31 Oct	286,400	17,400	44,100	25,000	100	373,000
30 Nov	268,900	16,900	43,900	25,300	100	355,100
31 Dec	249,600	16,700	43,100	25,100	100	334,600
31 Jan., 1971	251,500	17,000	42,200	24,900	100	335,700
28 Feb	245,000	16,700	40,200	22,500	100	324,500
31 Mar	228,300	14,800	39,800	18,900	100	301,900
30 Apr	207,800	11,100	38,900	12,200	100	270,100
31 May	197,400	10,900	37,200	4,700	100	250,200
30 Jun	190,500	10,700	37,400	500	100	239,200
31 Jul	178,400	10,000	36,100	500	100	225,100
31 Aug	170,100	10,500	34,700	500	100	215,900
30 Sep	167,300	10,300	34,900	500	100	213,100
31 Oct	153,600	9,900	32,100	600	100	196,300
30 Nov	137,500	9,700	30,700	600	100	178,600
31 Dec	119,600	7,800	28,800	500	100	157,000 P

P—Preliminary

(January 12, 1972)

SOURCE: Department of Defense Commanders Digest, Vol. II, No. 13, 27 Jan 72, p 7.

APPENDIX II

US CASUALTIES IN VIETNAM 1961-1971*

<u>Calendar Year</u>	<u>Killed</u>	<u>Wounded (Hospitalized)</u>
1961	11	2
1962	31	41
1963	78	218
1964	147	522
1965	1,369	3,308
1966	5,008	16,526
1967	9,378	32,371
1968	14,592	46,799
1969	9,414	32,940
1970	4,221	15,211
1971 (1 May)	226	922
	<hr/>	<hr/>
TOTAL	44,475	148,860

*SOURCE: The New York Times Encyclopedic Almanac 1972, Produced by
The New York Times, New York, N.Y. Manufactured by the Plimpton
 Press, Norwood, Mass., p 637.

APPENDIX IIIPATIENTS AIRLIFTED BY ATC/MATS/MAC 1943-1971SECTION I - PATIENTS AIRLIFTED BY ATC 1943-1947*

<u>CALENDAR YEAR</u>	<u>DOMESTIC</u>	<u>FOREIGN TO FOREIGN</u>	<u>FOREIGN TO US</u>	<u>TOTAL</u>
1943	-	5,507	3,260	8,767
1944	38,320	47,060	31,771	117,151
1945	76,230	50,182	86,407	212,819
1946	6,001	384	5,690	12,075
1947	18,322	182	5,763	24,267

*SOURCE: USAF Statistical Digest 1947, p 245.

SECTION II - PATIENTS EVACUATED BY ATC/MATS 1948-1956*

<u>CALENDAR YEAR</u>	<u>DOMESTIC</u>	<u>FOREIGN</u>	<u>TOTAL</u>
1948	21,068	8,914	29,982
1949	22,329	8,238	30,567
1950	45,678	40,335	86,013
1951 (Movements)	78,874	52,150	131,024
1952 (Movements)	70,905	35,352	106,257
1953 (Movements)	63,254	31,473	94,727
1954 (Movements)	49,507	20,248	69,755
1955 (Movements)	43,245	13,681	56,926
1956	26,519	9,403	35,922

*SOURCE: MATS Statistical Summaries 1948-1956.

SECTION III - PATIENTS MOVED ON MATS/MAC DOMESTIC AND FOREIGN/
INTERNATIONAL CHANNELS 1947-1971*

<u>CALENDAR YEAR</u>	<u>DOMESTIC</u>	<u>FOREIGN/ INTERNATIONAL</u>	<u>TOTAL</u>
1957	26,955	10,117	37,072
1958	27,975	9,417	37,392
1959	31,291	9,763	41,054
1960	31,732	10,648	42,380
1961	29,601	10,628	40,229
1962	30,792	11,339	42,131
1963	32,439	10,615	43,054
1964	35,363	9,991	45,354
1965	42,641	30,323	72,964

<u>CALENDAR YEAR</u>	<u>DOMESTIC</u>	<u>ATLANTIC</u>		<u>PACIFIC</u>		<u>TOTAL</u>
		<u>INTRA</u>	<u>INTER/ TO CONUS</u>	<u>INTRA</u>	<u>INTER/ TO CONUS</u>	
1966	49,718	17,669	3,210	4,008	17,268	91,873
1967	55,737	18,641	3,107	19,805	29,568	126,858
1968	68,110	19,108	2,784	56,678	50,794	197,474
1969	67,204	765	2,725	57,685	43,819	172,198
1970	51,463	709	3,073	34,070	28,437	117,752
1971	40,709	642	3,696	10,849	27,476	83,372

SOURCE:

*SECTIONS III-VII: MATS/MAC Aeromedical Evacuation Statistical Summaries (MATS/MAC Form O-23) (Source: RCS: MIC-J54), 1957-1971.

SECTION IV: PATIENTS MOVED BY MATS/MAC WORLD-WIDE BY MONTH
CALENDAR YEARS 1964-1971

<u>Month</u>	<u>1964</u>	<u>1965</u>	<u>1966</u>	<u>1967</u>
Jan	3,534	4,884	6,670	8,129
Feb	3,411	5,147	6,920	8,394
Mar	4,120	5,670	8,585	10,921
Apr	3,901	5,581	7,975	10,854
May	4,333	5,681	7,812	11,642
Jun	3,950	5,772	7,998	11,824
Jul	4,030	6,250	8,652	10,829
Aug	3,903	6,145	7,952	10,835
Sep	3,694	6,161	7,628	10,586
Oct	3,728	7,303	6,616	10,323
Nov	3,570	7,996	7,351	10,722
Dec	<u>*3,180</u>	<u>6,075</u>	<u>7,714</u>	<u>11,799</u>
Total	45,354	72,964	91,873	126,858

<u>Month</u>	<u>1968</u>	<u>1969</u>	<u>1970</u>	<u>1971</u>
Jan	12,681	13,296	11,071	7,567
Feb	**20,706	13,447	9,706	7,290
Mar	16,147	18,645	10,485	8,366
Apr	15,681	15,374	10,706	8,172
May	20,435	17,577	11,826	7,178
Jun	18,133	17,326	10,256	7,496
Jul	15,174	14,206	10,322	6,284
Aug	15,016	15,818	8,947	6,687
Sep	16,622	12,953	8,938	7,044
Oct	18,332	11,265	8,615	6,397
Nov	13,932	11,707	8,299	5,750
Dec	<u>14,615</u>	<u>10,584</u>	<u>8,581</u>	<u>5,141</u>
Total	197,474	172,198	117,752	83,372

*Lowest

**Highest

SECTION V: VIETNAM BATTLE AND NON-BATTLE CASUALTIES MOVED BY MAC
INTRAPACIFIC AND PACIFIC TO CONUS 1965-1971*

<u>CALENDAR</u> <u>YEAR</u>		<u>INTRAPACIFIC</u>	<u>PACIFIC</u> <u>TO CONUS</u>	<u>TOTAL</u>
1965	Battle	-	-	1,608
1966	Battle	1,578	6,073	7,651
	Non-Battle	2,023	7,620	9,643
1967	Battle	9,374	13,567	22,941
	Non-Battle	10,138	13,102	23,240
1968	Battle	31,014	29,756	60,770
	Non-Battle	25,003	17,835	42,838
1969	Battle	25,027	21,331	46,358
	Non-Battle	29,668	20,918	50,586
1970	Battle	11,074	9,954	21,028
	Non-Battle	18,391	12,942	31,333
1971	Battle	4,023	4,160	8,183
	Non-Battle	5,544	17,190	22,734

*These totals are included in Sections III and IV.

SECTION VI: MAC VIETNAM CASUALTY MOVEMENT SHRED-OUT BY MONTH
CALENDAR YEAR 1971*

<u>MONTH</u>	<u>BATTLE CASUALTY</u>		<u>NON-BATTLE CASUALTY</u>	
	<u>INTRA</u> <u>PACIFIC</u>	<u>PACIFIC</u> <u>TO CONUS</u>	<u>INTRA</u> <u>PACIFIC</u>	<u>PACIFIC</u> <u>TO CONUS</u>
January	462	501	646	1,341
February	564	478	604	833
March	834	760	491	1,299
April	684	762	555	615
May	438	544	484	858
June	376	398	486	974
July	241	234	397	1,328
August	128	131	490	1,949
September	111	139	508	2,315
October	85	141	573	2,094
November	53	39	239	1,858
December	47	33	71	1,726
Total	<u>4,023</u>	<u>4,160</u>	<u>5,544</u>	<u>17,190</u>

*These totals are included in Sections III and IV.

SECTION VII - MAC DRUG ABUSE PATIENT AIRLIFT IN 1971*

<u>CALENDAR YEAR 1971</u>	<u>ATLANTIC</u>		<u>PACIFIC</u>		<u>TOTAL</u>
	<u>INTRA</u>	<u>TO CONUS</u>	<u>INTRA</u>	<u>TO CONUS</u>	
June				30	30
July			10	234	244
August			257	949	1,206
September			153	1,438	1,591
October	1	2	162	1,286	1,451
November		7	52	1,148	1,207
December		4	42	1,025	1,071
Total	<u>1</u>	<u>13</u>	<u>676</u>	<u>6,110</u>	<u>6,800</u>

*Drug abuse aeromedical airlift from SEA to CONUS began 26 Jun 71.
Totals are included in Sections III and IV.

APPENDIX IV

MATS/MAC AEROMEDICAL EVACUATION AIRCRAFT 1964-1971*
(Statistics as of 30 June)

<u>Fiscal Year</u>	<u>Unit</u>	<u>C-131</u>		<u>C-118</u>		<u>C-9</u>		<u>C-121</u>		<u>Total</u>	
		<u>UE</u>	<u>Asgd</u>	<u>UE</u>	<u>Asgd</u>	<u>UE</u>	<u>Asgd</u>	<u>UE</u>	<u>Asgd</u>	<u>UE</u>	<u>Asgd</u>
1964	1405 AMTWg	18	20							18	20
1965	1405 AMTWg	14	18	4	4					18	22
	1455 ATSq	5	5	4	5					9	10
1966	375 AAWg	14	16	4	6					18	22
	55 MASq	5	5	4	6					9	11
1967	375 AAWg	14	16	6	7					20	23
	55 MASq	5	5	5	5					10	10
1968	375 AAWg	14	16	6	6					20	22
	55 MASq	5	5	5	6					10	11
	171 AAGp (ANG)							8	8	8	8
1969	375 AAWg	2	3	6	7	8	8			16	18
1970	375 AAWg					11	12			11	12
1971	375 AAWg					11	12			11	12

*Source: MATS/MAC FY Airlift Data Summaries as of 30 June 1964-1971, p 4.11

APPENDIX V

STANDARD MEDICAL REQUIREMENTS AND COMPARISON BY TYPE AIRCRAFT

ITEM	MED RCMT.	(2)	(2)	(2)	(3)		(4)	(4)	(4)	(4)	
		C-131A	F-27	Gulf- stream	C-130E	P3-B	DC-9	727	C-118	C-135	C-141
1. Patient ACL- Norm (3 litters per tier, 38" seat centers)	-	-	-	-	f	f	f	f	f	f	f
Litters or seats (1) (Norm litter/ amb comb)	30/45 (15/20)	18/27 (9/15)	18/35 (9/15)	12/18 (6/9)	36/50 (15/25)	36/60 (18/27)	33/46 (15/18)	36/65 (18/30)	42/60 (18/26)	32/78 (22/31)	63/108 (36/42)
2. Patient ACL- High density (4 litters per tier, 18" spacing, 38" seat centers)	-	-	-	-	f	f	f	f	f	f	f
Litters or seats(1)	40/45	24/27	18/35	12/18	48/50	56/62	40/46	59/65	56/60	44/78	76/108
3. Integral air conditioning for ground operation	Yes	-No	fYes	-No	fYes	fYes	fYes	fYes	-No	-No	fYes
4. Integral ramp (or ambus level loading)	Yes	-No	fYes	-No	fYes	fYes	fYes	fYes	-No	-NO	fYes
5. Two latrines plus service lava- tory	Yes	-No	-No	-No	fYes	fYes	fYes	fYes	-No	-No	(5) fYes

	Med RCMT:	C-131A	F-27	Gulf- Stream	C-130E	P3-B	DC-9	727	C-118	C-135	C-141
6. Mil Spec litter support fittings	8g	/Yes	/Yes	/Yes	(3)	/Yes	/Yes	/Yes	/Yes	/Yes	/Yes
7. Min DB noise levels (speech interference level 600-4800 CPS, cruise)	65db (SIL)	marginal	/Yes	/Yes	(3)	/Yes	/Yes	/Yes	marginal	marginal	Unknown
8. Weather radar	Yes	-No		-No	/Yes	/Yes	/Yes	/Yes	-No	/Yes	/Yes
9. Avg cruise speed (knots)	300	200	280	300	300	350	480	495	235	467	440
10. Adequate range/payload capability		-	-	-	/	/	/	/	/	/	/
11. Isolation compt	Yes	-No	-No	-No	/Yes	/Yes	/Yes	/Yes	/Yes	-No	-No
12. Performance (ref QOR)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13. Adequate baggage space		-	-	-	/	/	/	/	/	/	/
14. Flt Nurse sta (w/ desk and records compt)	Yes	-No	-No	-No	/Yes	/Yes	/Yes	/Yes	-No	-No	/Yes

	Med RQMT.	C-131A	F-27	Gulf- Stream	C-130E	P3-B	DC-9	727	C-118	C-135	C-141
15. Optimum cabin L size (Length, Width, Height)	L 56'6"	50'	47'5"	29'8"	39'2"	67'6"	55'3"	72'6"	67'9"	76'6"	70'7"
	W 8'6"	7'8"	6'8"	7'4"	9'6"	9'7"	9'6"	11'7"	8'9"	10'8"	10'3"
	H 6'6"	6'6"	5'10"	6'1"	8'	7'6"	6'9"	7'2"	7'8"	7'	9'1"

/ Meets or exceeds requirements

- Does not meet requirements

- (1) Deduct 3-5 seats for medical crew
- (2) Suitable for feeder operations only
- (3) Will require extensive modification
- (4) Suitable for trunk operations only
- (5) Will require comfort pallet

1/ Based on 90" overall litter lengths; 5 litter sections each side of aircraft with 5 inches between sections (or 50 double seats, 38" seat centers); 50" galley; two 50" lavatories; 45" flight nurse and medical equipment station; 60" baggage and coat rack space; 30" aisles; 18" between litters; 4 litter tiers per section; 12" between fuselage and litter tiers.

Source: Strategic Airlift Input to Project Corona Harvest, Jan 65-Mar 68, MAC Command Surgeon, 31 Dec 69, pp IV-II-32 through IV-II-34.

APPENDIX VI

MATS/MAC AEROMEDICAL EVACUATION PERSONNEL 1964-1971*
(Statistics as of 30 June)

<u>Fiscal Year</u>	<u>Officers</u>		<u>Airmen</u>		<u>Civilians</u>		<u>Total</u>	
	<u>Authorized</u>	<u>Assigned</u>	<u>Authorized</u>	<u>Assigned</u>	<u>Authorized</u>	<u>Assigned</u>	<u>Authorized</u>	<u>Assigned</u>
1964	161	169	299	334	16	19	476	522
1965	231	239	384	375	17	16	632	630
1966	286	281	472	464	21	22	779	767
1967	378	276	662	595	31	26	1,071	897
1968	476	341	1,313	698	130	103	1,919	1,142
1969	320	377	918	1,221	113	111	1,351	1,709
1970	287	358	702	1,014	123	126	1,112	1,498
1971	295	293	729	688	125	97	1,149	1,078

*SOURCE: MATS/MAC FY Airlift Data Summaries as of 30 June 1964-1971, p 5.14.

APPENDIX VIIMATS/MAC AEROMEDICAL EVACUATION UNIT CHANGES 1964-1971SECTION I - Domestic Unit Changes

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
1405 ABW (MATS), Scott AFB, Ill	Redesignated as 1405 AMTW	1 Jun 64	Hq MATS SO G-45, 7 Apr 64
10 AMTSq	Org at Kelly AFB, Tex & Asgd 1405 AMTW	1 Jun 64	Hq MATS SO G-45, 7 Apr 64
11 AMTSq (L) (1 AMTG), Scott AFB, Ill	Reassigned to 1405 AMTW	1 Jun 64	Hq MATS SO G-45, 7 Apr 64
12 AMTSq (L) (1 AMTG), McGuire AFB, NJ	Reassigned to 1405 AMTW	1 Jun 64	Hq MATS SO G-45, 7 Apr 64
13 AMTSq (L) (1 AMTG), Travis AFB, Calif	Reassigned to 1405 AMTW	1 Jun 64	Hq MATS SO G-45, 7 Apr 64
1 AMTG (L), Brooks AFB, Tex	Discontinued	10 Jun 64	Hq MATS SO G-45, 7 Apr 64
11 AMTSq (L) (1405 AMTW), Scott AFB, Ill	Redesignated as 11 AMTSq	25 Jul 64	Hq MATS SO G-101, 15 Jul 64
12 AMTSq (L) (1405 AMTW), McGuire AFB, NJ	Redesignated as 12 AMTSq	25 Jul 64	Hq MATS SO G-101, 15 Jul 64
13 AMTSq (L) (1405 AMTW), Travis AFB, Calif	Redesignated as 13 AMTSq	25 Jul 64	Hq MATS SO G-101, 15 Jul 64
Hq 1405 AMTW (MAC), Scott AFB, Ill	Discontinued	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
1405 CAM Sq (1405 AMTW), Scott AFB, Ill	Discontinued	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
1405 Sup Sq (1405 AMTW), Scott AFB, Ill	Discontinued	12 Jan 66	Hq MATS SO G-176, 17 Dec 65

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
Det 2 (11 AMTSq), Lowry AFB, Col	Discontinued	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
Hq 375 AAWg (MAC)	Organized at Scott AFB, Ill	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
375 CAM Sq (375 AAWg)	Organized at Scott AFB, Ill	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
375 Sup Sq (375 AAWg)	Organized at Scott AFB, Ill	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
Det 1 (11 AMTSq)	Organized at Lowry AFB, Col	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
10 AMTSq (1405 AMTW), Kelly AFB, Tex	Assigned as 10 AASq & Reasgd to 375 AAWg	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
11 AMTSq (1405 AMTW), Scott AFB, Ill	Assigned as 11 AASq & Reasgd to 375 AAWg	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
12 AMTSq (1405 AMTW), McGuire AFB, NJ	Assigned as 12 AASq & Reasgd to 375 AAWg	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
13 AMTSq (1405 AMTW), Travis AFB, Calif	Assigned as 13 AASq & Reasgd to 375 AAWg	12 Jan 66	Hq MATS SO G-176, 17 Dec 65
Det 1 (11 AASq), Lowry AFB, Col	Discontinued	30 Jun 66	Hq MAC SO G-86, 18 May 66
Det 1 (11 AASq)	Organized at Buckley ANG Base, Col	30 Jun 66	Hq MAC SO G-86, 18 May 66
Det 1 (13 AASq)	Organized at Elmendorf AFB, Alaska	1 Jul 66	Hq MAC SO G-88, 25 May 66
3d Casualty Staging Flt (1611 USAF Disp), McGuire AFB, NJ	Discontinued	25 Nov 66	Hq MAC SO G-199, 23 Nov 66
Det 1 (12 AASq), Andrews AFB, Md	Discontinued	1 Apr 67	Hq MAC SO G-59, 20 Mar 67

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
Det 2 (12 AASq), Maxwell AFB, Ala	Discontinued	1 Apr 67	Hq MAC SO G-59, 20 Mar 67
Det 1 (11 AASq) Buckley ANGB, Col	Discontinued	1 Apr 67	Hq MAC SO G-59, 20 Mar 67
Det 1 (13 AASq), Elmendorf AFB, Alaska	Discontinued	1 Apr 67	Hq MAC SO G-59, 20 Mar 67
Det 1 (375 AAWg)	Organized at Andrews AFB, Md	1 Apr 67	Hq MAC SO G-59, 20 Mar 67
Det 2 (375 AAWg)	Organized at Maxwell AFB, Ala	1 Apr 67	Hq MAC SO G-59, 20 Mar 67
Det 3 (375 AAWg)	Organized at Buckley ANGB, Col	1 Apr 67	Hq MAC SO G-59, 20 Mar 67
Det 4 (375 AAWg)	Organized at Elmendorf AFB, Alaska	1 Apr 67	Hq MAC SO G-59, 20 Mar 67
Det 4 (375 AAWg), Elmendorf AFB, Alaska	Discontinued	1 Jan 68	Hq MAC SO G-191, 31 Oct 67
171 AAGp (ANG), Grtr Pittsburgh Aprt, Pa	Called to AD, Asgd 375 AAWg	13 May 68	Hq MAC SO G-62, 12 Apr 68
147 AASq (171 AAGp), Grtr Pittsburgh Aprt, Pa	Called to AD	13 May 68	Hq MAC SO G-62, 12 Apr 68
147 AME Flt (147 AASq), Grtr Pittsburgh Aprt, Pa	Called to AD	13 May 68	Hq MAC SO G-62, 12 Apr 68
52 Med Sv Sq (USAF Hosp Scott), Scott AFB, Ill	Called to AD	13 May 68	Hq MAC SO G-62, 12 Apr 68
Hq 375 ABGp (375 AAWg), Scott AFB, Ill	Discontinued	8 Sep 68	Hq MAC SO G-179, 29 Jul 68
375 Sup Sq (375 AAWg), Scott AFB, Ill	Discontinued	8 Sep 68	Hq MAC SO G-179, 29 Jul 68

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
13 AASq (375 AAWg), Travis AFB, Calif	Discontinued	8 Dec 68	Hq MAC SO G-245, 13 Sep 68
Det 4 (375 AAWg)	Organized at Travis AFB, Calif	8 Dec 68	Hq MAC SO G-245, 13 Sep 68
171 AAGp (ANG), Grtr Pittsburgh Aprt, Pa	Released from AD	12 Dec 68	Hq MAC SO G-329, 5 Dec 68
147 AASq (171 AAGp), Grtr Pittsburgh Aprt, Pa	Released from AD	12 Dec 68	Hq MAC SO G-329, 5 Dec 68
147 AME Flt (147 AASq), Grtr Pittsburgh Aprt, Pa	Released from AD	12 Dec 68	Hq MAC SO G-329, 5 Dec 68
10 AASq (375 AAWg), Kelly AFB, Tex	Discontinued	8 Mar 69	Hq MAC SO G-296, 1 Nov 68
Det 5 (375 AAWg)	Organized at Kelly AFB, Tex	8 Mar 69	Hq MAC SO G-296, 1 Nov 68
12 AASq (375 AAWg), McGuire AFB, NJ	Discontinued	8 Jun 69	Hq MAC SO G-53, 6 Mar 69
52 Med Sv Sq (USAF Hosp Scott), Scott AFB, Ill	Released from AD	18 Jun 69	Hq MAC SO G-80, 2 Apr 69

SECTION II - Pacific Unit Changes

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
Det 2 (1453 AMESq)	Organized at Clark AB, Philippines	1 Mar 65	Hq MATS SO G-23, 26 Feb 65
Det-Prov 1st (1453 AMESq)	Organized at Kadena AB, Ryuku	1 Aug 65	Hq MATS SO G-107, 23 Aug 65
Det-Prov 1st (1453 AMESq), Kadena AB, Ryuku	Discontinued	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65
Det 1 (1456 AMESq)	Organized at Kadena AB, Ryuku	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65
1453 AMESq (1502 ATW), Hickam AFB, Hawaii	Discontinued	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65
Det 1 (1453 AME Sq), Tachikawa AB, Japan	Discontinued	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65
Det 2 (1453 AMESq), Clark AB, Philippines	Discontinued	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65
Hq 1453 AMEGp (1502 ATW)	Organized at Hickam AFB, Hawaii	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65
1456 AMESq (1453 AMEGp)	Organized at Tachikawa AB, Japan	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65
1457 AMESq (1453 AMEGp)	Organized at Clark AB, Philippines	1 Nov 65	Hq MATS SO G-140, 21 Oct 65, amended by Hq MATS SO G-147, 28 Oct 65

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
1453 AEGp (1502 ATW), Hickam AFB, Hawaii	Reassigned to 61 MAW	8 Jan 66	Hq MAC SO G-187, 17 Dec 65
1453 AEGp (61 MAW), Hickam AFB, Hawaii	Discontinued	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
1456 AMESq (1453 AMEGp), Tachikawa AB, Japan	Discontinued	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
1457 AMESq (1453 AMEGp), Clark AB, Philippines	Discontinued	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
Hq 10 AMEGp	Organized at Hickam AFB, Hawaii	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
10 AMEGp (61 MAW)	Organized at Hickam AFB, Hawaii	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
56 AMESq (10 AMEGp)	Organized at Tachikawa AB, Japan	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
Det 1 (56 AMESq)	Organized at Kadena AB, Ryuku	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
57 AMESq (10 AMEGp)	Organized at Clark AB, Philippines	13 Jan 66	Hq MAC SO G-3, 3 Jan 66
Det 1 (57 AMESq)	Organized at Tan Son Nhut Afld, Vietnam	1 Jun 66	Hq MAC SO G-76, 15 Apr 66
Det 1 (10 AMEGp)	Organized at Andersen AFB, Guam	8 Aug 66	Hq MAC SO G-119, 14 Jul 66
Det 2 (57 AMESq)	Organized at Cam Ranh Bay AB, Vietnam	8 Aug 66	Hq MAC SO G-110, 27 Jun 66
Det 1 (56 AMESq) Kadena AB, Ryuku	Discontinued	8 Aug 66	Hq MAC SO G-119, 14 Jul 66
Det 3 (57 AMESq)	Organized at Da Nang Aprt, Vietnam	25 Apr 67	Hq MAC SO G-37, 17 Feb 67, amended by Hq MAC SO G-107, 29 May 67

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
56 AMESq (10 AMEGp)	Sta Chg from Tachikawa AB, Japan to Yokota AB, Japan	28 Apr 67	PACAF MO 9, 18 Apr 67
Det 1 (56 AMESq)	Organized at Elmendorf AFB, Alaska	1 Jan 68	Hq MAC SO G-191, 31 Oct 67
34 AMESq (921 MAGp), Kelly AFB, Tex	Called to AD	13 May 68	Hq MAC SO G-62, 12 Apr 68
34 AMESq (921 MAGp)	Sta Chg from Kelly AFB, Tex to Yokota AB, Japan (Asgd 10 AMEGp)	15 Oct 68	Hq MAC MO 13, 9 Oct 68
34 AMESq	Sta Chg from Yokota AB, Japan to Kelly AFB, Tex	1 Jun 69	PACAF MO 17, 4 Apr 69
34 AMESq	Reassigned from 10 AMEGp to 921 MAGp	1 Jun 69	PACAF MO 17, 4 Apr 69
34 AMESq (921 MAGp), Kelly AFB, Tex	Released from AD	18 Jun 69	HQ MAC SO G-80, 2 Apr 69
Det 1 (10 AMEGp), Andersen AFB, Guam	Discontinued	1 Nov 69	Hq MAC SO G-252, 22 Oct 69
Det 4 (57 AMESq)	Organized at Andersen AFB, Guam	1 Nov 69	Hq MAC SO G-252, 22 Oct 69
Det 1 (56 AMESq), Elmendorf AFB, Alaska	Discontinued	1 Apr 70	Hq MAC SO G-31, 9 Feb 70
55 AMESq (10 AMEGp)	Organized at Elmendorf AFB, Alaska	1 Apr 70	Hq MAC SO G-31, 9 Feb 70
Det 2 (57 AMESq), Cam Ranh Bay AB, Vietnam	Discontinued	1 Jul 71	Hq MAC SO G-214, 21 May 71
Det 2 (57 AMESq), Cam Ranh Bay AB, Vietnam	Activated	30 Sep 71	Hq MAC SO G-376, 31 Aug 71
55 AMESq (10 AMEGp), Elmendorf AFB, Alaska	Inactivated	1 Dec 71	Hq MAC SO G-455, 22 Nov 71

SECTION III - European Unit Changes

<u>Unit Changed</u>	<u>Change</u>	<u>Effective Date</u>	<u>Authority</u>
2 AMEGp (USAFE), Rhein- Main AB, Germany	Reassigned to 322 AD (MATS)	o/a 8 Jul 64	Hq MATS SO G-71, 20 May 64
Det 1 (2 AMEGp), Mildenhall RAF, UK	Reassigned to 322 AD (MATS)	o/a 8 Jul 64	Hq MATS SO G-71, 20 May 64
Det 2 (2 AMEGp)	Organized at Athenai Aprt, Greece	o/a 8 Jul 64	Hq MATS SO G-71, 20 May 64
1454 AMESq, Rhein-Main AB, Germany	Discontinued	o/a 8 Jul 64	Hq MATS SO G-71, 20 May 64
Det 1 (2 AMEGp), Mildenhall RAF, UK	Discontinued & Man- power Auth Reallocated to 2 AMEGp	15 Jun 65	Hq MATS SO G-61, 24 May 65
Det 2 (2 AMEGp), Athenai Aprt, Greece	Discontinued & Man- power Auth Reallocated to 2 AMEGp	15 Jun 65	Hq MATS SO G-61, 24 May 65
OL 1 (2 AMEGp)	Established at Mildenhall RAF, UK	21 Jun 65	Hq MATS SO G-74, 21 Jun 65
OL 2 (2 AMEGp)	Established at Athenai Aprt, Greece	21 Jun 65	Hq MATS SO G-74, 21 Jun 65
58 AMESq (435 MASWg)	Organized at Rhein- Main AB, Germany	24 Dec 68	Hq MAC SO G-321, 27 Nov 68
2 AMEGp (435 MASWg), Rhein-Main AB, Germany	Reassigned from MAC to USAFE	24 Dec 68	Hq MAC SO G-317, 20 Nov 68
OL 1 (2 AMEGp), Mildenhall RAF, UK	Inactivated	1 Jan 69	Hq MAC SO G-317, 20 Nov 68
OL 2 (2 AMEGp) Athenai Aprt, Greece	Inactivated	1 Jan 69	Hq MAC SO G-317, 20 Nov 68

APPENDIX VIIIMATS/MAC-GAINED RESERVE FORCES AEROMEDICAL EVACUATION UNITSSECTION I - As of 4 September 1964EASTAF Air Force Reserve (AFRES) AE Units

<u>Unit</u>	<u>Location</u>
4 AE Gp	**Selfridge AFB, Mich
36 AE Sq	**Richards-Gebaur AFB, Mo
45 AE Sq	Selfridge AFB, Mich
46 AE Sq	**Chanute AFB, Ill
7 AE Gp	***Greater Pittsburgh Aprt, Pa
33 AE Sq	Greater Pittsburgh Aprt, Pa
34 AE Sq	**Kelly AFB, Tex
35 AE Sq	**Birmingham RRC, Ala
37 AE Sq	**Miami IAP, Fla
47 AE Sq	***Minn-St. Paul IAP, Minn

EASTAF Air National Guard (ANG) AE Units

106 ATW (H)	*New York NAS, NY
106 AE Sq	New York NAS, NY
102 AE Flight	New York NAS, NY
137 AE Flight	*Westchester Co Aprt, NY
139 AE Flight	*Schenectady Co Aprt, NY
116 ATW (H)	*Dobbins AFB, Ga
116 AE Sq	Dobbins AFB, Ga
128 AE Flight	Dobbins AFB, Ga
142 AE Flight	*Gtr Wilmington Aprt, Del
156 AE Flight	*Douglas Field, NC
158 AE Flight	*Travis Aprt, Ga

*ANG Advisors

**AFRES Advisors

***ANG & AFRES Advisors

SOURCE: MATS Manual 23-1 (U), Organization and Mission - Field: Organizations of the Military Air Transport Service, 1 Apr 64, amended by Chg A, 4 Sep 64 (hist, MATS, Jan-Jun 64, II, SD I-8).

<u>Unit</u>	<u>Location</u>
133 ATW (H)	***Minn-St. Paul IAP, Minn
133 AE Sq	Minn-St. Paul IAP, Minn
109 AE Flight	Minn-St. Paul IAP, Minn
133 AE Flight	*Grenier Fld MAN MAP, NH
150 AE Flight	*Newark Aprt, NJ
171 ATW (H)	***Greater Pittsburgh Aprt, Pa
171 AE Sq	Greater Pittsburgh Aprt, Pa
103 AE Flight	*Willow Grove NAS, Pa
140 AE Flight	*Olmsted AFB, Pa
147 AE Flight	Greater Pittsburgh Aprt, Pa
167 AE Flight	*Martinsburg MAP, W Va

WESTAF AFRES AE Units

3 AE Gp	**Mather AFB, Calif
31 AE Sq	Mather AFB, Calif
32 AE Sq	*Salt Lake City MAP, Utah
40 AE Sq	**Portland IAP, Ore

WESTAF ANG AE Units

118 ATW (H)	*Berry Field, Tenn
118 AE Sq	Berry Field, Tenn
105 AE Flight	Berry Field, Tenn
155 AE Flight	*Memphis MAP, Tenn
183 AE Flight	*Jackson MAP, Miss
137 ATW (H)	*Will Rogers Field, Okla
137 AE Sq	Will Rogers Field, Okla
125 AE Flight	*Tulsa MAP, Okla
180 AE Flight	*Rosecrans Mem Aprt, Mo
185 AE Flight	Will Rogers Field, Okla
187 AE Flight	*Cheyenne MAP, Wyo
146 ATW (H)	*Van Nuys Aprt, Calif
146 AE Sq	Van Nuys Aprt, Calif
115 AE Flight	Van Nuys Aprt, Calif
191 AE Flight	*Salt Lake City MAP, Utah
195 AE Flight	Van Nuys Aprt, Calif
197 AE Flight	*Sky Harbor MAP, Ariz

*ANG Advisors

**Reserve Forces Advisors

***ANG & AFRES Advisors

SECTION II - As of 1 October 1971Hq MAC ANG AE Unit

<u>Unit</u>	<u>Location</u>
171 AAW	Greater Pittsburgh Aprt, Pa

21 AF ANG AE Units

116 MAW	Dobbins AFB, Ga
116 MAG	Dobbins AFB, Ga
116 AE Sq	Dobbins AFB, Ga
165 MAG	Savannah Muni Aprt, Ga
158 AE Flight	Savannah Muni Aprt, Ga
102 AE Flight	Suffolk County Aprt, NY
103 AE Flight	Willow Grove NAS, Pa
109 AE Flight	Minneapolis-St. Paul IAP, Minn
133 AE Flight	Pease AFB, NH
137 AE Flight	Westchester County Aprt, NY
139 AE Flight	Schenectady County Aprt, NY
142 AE Flight	Greater Wilmington Aprt, Del
156 AE Flight	Douglas Muni Aprt, NC

21 AF AFRES AE Units

94 MAW	L. G. Hanscom Field, Mass
901 MAG	L. G. Hanscom Field, Mass
67 AE Sq	L. G. Hanscom Field, Mass
905 MAG	Westover AFB, Mass
74 AE Flight	Westover AFB, Mass
911 MAG	Greater Pittsburgh Aprt, Pa
33 AE Sq	Greater Pittsburgh Aprt, Pa
918 MAG	Dobbins AFB, Ga
35 AE Sq	Birmingham MAP, Ala
64 AE Flight	Dobbins AFB, Ga
37 AE Flight	Homestead AFB, Fla
60 AE Flight	Andrews AFB, Md
72 AE Flight (Associate (436 MAW)	Dover AFB, Del

SOURCE: MAC Manual 23-1 (FOUO), Organization and Mission - Field:
Directory of MAC Organizations, 1 Oct 71.

<u>Unit</u>	<u>Location</u>
31 AE Flight (Associate) (437 MAW)	Charleston AFB, SC
69 AE Flight (Associate) (438 MAW)	McGuire AFB, NJ

22 AF ANG AE Units

137 MAW	Will Rogers Fld, Okla
137 MAG	Will Rogers Fld, Okla
137 AE Sq	Will Rogers Fld, Okla
138 MAG	Tulsa Muni Aprt, Okla
125 AE Flight	Tulsa Muni Aprt, Okla
151 MAG	Salt Lake City, Utah
191 AE Flight	Salt Lake City, Utah
161 MAG	Sky Harbor MAP, Ariz
197 AE Flight	Sky Harbor MAP, Ariz
164 MAG	Memphis Metro Aprt, Tenn
155 AE Flight	Memphis Metro Aprt, Tenn
172 MAG	Jackson Aprt, Miss
183 AE Flight	Jackson Aprt, Miss
118 AE Sq	Nashville Metro Aprt, Tenn
146 AE Sq	Van Nuys Aprt, Calif
180 AE Flight	Rosecrans Mem Aprt, Mo.

22 AF AFRES AE Units

916 MAG	Carswell AFB, Tex
62 AE Flight	Carswell AFB, Tex
917 MAG	Barksdale AFB, La
61 AE Flight	Barksdale AFB, La
70 AE Flight	New Orlenas, La
937 MAG	Tinker AFB, Okla
73 AE Sq	Tinker AFB, Okla
452 MAW	March AFB, Calif
945 MAG	Hill AFB, Utah
66 AE Flight	Hill AFB, Utah
936 MAG	Richards-Gebaur AFB, Mo
45 AE Flight	Selfridge AFB, Mich
47 AE Sq	Minneapolis-St. Paul IAP, Minn

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<u>Unit</u>	<u>Location</u>
36 AE Sq	Richards-Gebaur AFB, Mo
34 AE Flight	Kelly AFB, Tex
63 AE Flight	Chanute AFB, Ill
65 AE Sq (Associate) (60 MAW)	Travis AFB, Calif
40 AE Sq (Associate) (62 MAW)	McChord AFB, Wash
68 AE Sq (Associate) (63 MAW)	Norton AFB, Calif
<u>375 AAW ANG AE Units</u>	
153 AAG	Cheyenne MAP, Wyo
167 AAG	Martinsburg MAP, W Va
170 AAG	McGuire AFB, NJ
171 AAG	Greater Pittsburgh Aprt, Pa
<u>375 AAW AFRES AE Unit</u>	
932 AAG (Associate)	Scott AFB, Ill

APPENDIX IX

PACIFIC-CONUS AES ROUTES AND FLIGHTS 1965-1971

SECTION I - Named Routes and Weekly Scheduled Flights

ROUTE	1965			1966		1967		1968		1969		1970		1971	
	Jan C-135B	Jun C-135B	Dec C-135B C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141
Clark-Guam-Hickam-Travis	1/2	1/2	2	2	2	2									4
Clark-Yokota-Hickam-Travis	1/2	1/2	2	2											
Clark-Yokota-Travis	1	1			3	1	1	1	1	1	1				
Yokota-Elmendorf-Travis	1/2	1/2													
Clark-Kadena-Yokota-Travis			2	2											
Clark-Hickam-Travis			1	1											
Saigon-Yokota-Elmendorf-Andrews					4	3	2	2							
Clark-Yokota-Elmendorf-Andrews						4	1								
Cam Ranh Bay-Yokota-Elmendorf-Andrews						2	1	2							
DaNang-Yokota-Elmendorf-Andrews						1									
DaNang-Yokota-Travis						2		1							
Yokota-Travis-Kelly						1	1	1	1	1	1		1	3	3
DaNang-Yokota-Elmendorf-Scott-Andrews							3								
DaNang-Clark-Guam-Hickam-Travis							3	3							

ROUTE	1965			1966		1967		1968		1969		1970		1971	
	Jan C-135B	Jun C-135B	Dec C-135B C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141
Cam Ranh Bay-Yokota-Travis							1	1							
Saigon-Yokota-Travis							1	3							
Clark-Yokota-Elmendorf-Andrews-McGuire							3								
Clark-Yokota-Elmendorf-Scott-Andrews								4	4						
Clark-Saigon-Yokota								2							
Clark-DaNang-Yokota								3							2
Clark-Cam Ranh Bay-Yokota								3							7
DaNang-Yokota-Elmendorf-Andrews-McGuire								3							
Yokota-Elmendorf-Scott-Andrews									3	7	6				
Yokota-Elmendorf-Andrews-McGuire									10	8	4	5	4	1	
Yokota-Travis									5	5	5	2			
DaNang-Clark-Guam-Hickam-Travis									2	2	2	2			
DaNang-Clark-Guam-Yokota									2	3	3	2	3	1	
Saigon-Yokota									7	4	7	5	3	3	
Cam Ranh Bay-Yokota									7	7	7	5	4		
DaNang-Yokota									7	7	7	5	2	3	
Travis-Hickam-Wake-Guam-Clark											1	1	1	1	1
Saigon-Kadena-Yokota											3			1	

ROUTE	1965			1966		1967		1968		1969		1970		1971	
	Jan	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec	Jun	Dec
	C-135B	C-135B	C-135B C-141	C-141	C-141	C-141	C-141	C-141	C-141	C-141	C-141	C-141	C-141	C-141	C-141
Saigon-Bangkok-Korat-Clark										1	1				
Yokota-Clark											1	2	1	1	
Yokota-Elmendorf-Glenview-Andrews-McGuire											2	2		2	
Saigon-Bangkok-U-Tapao-Clark												1			
Yokota-Travis-Kelly-Maxwell-Andrews												4			
Yokota-Travis-Buckley-Scott-Andrews												3			
Yokota-Travis-McChord												1			
McChord-Elmendorf												1			
Cam Ranh Bay-Kadena-Yokota													1		
Clark-Kadena-Yokota													1		
Clark-Saigon-Bangkok-U-Tapao-Clark													1	1	
Yokota-Elmendorf-Scott-Andrews-McGuire													4	3	
Yokota-McChord-Travis													2		
Yokota-Elmendorf-Glenview-Maxwell													2		
Yokota-Hickam-Travis													2	1	
Clark-Guan-Yokota														1	

ROUTE	1965			1966		1967		1968		1969		1970		1971	
	Jan C-135B	Jun C-135B	Dec C-135B C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141	Jun C-141	Dec C-141
DaNang-Kadena-Yokota														2	
Clark-Saigon-Kadena-Yokota															2
Clark-Saigon-DaNang-Clark															4
Yokota-Travis-Kelly-Andrews															2
Yokota-Travis-O'Hare-Andrews															3
Yokota-Travis-Scott-Andrews-McGuire															4
McChord-Elmendorf-McChord															1
Clark-Saigon-DaNang-Yokota															1
TOTALS	2 1/2	2 1/2	7	7	9	16	17	29	49	50	48	41	32	24	34

SOURCE: Hist, 1502 ATW, 1965; hist, 61 MAWg, 1966-1968; MIS, Surgeon, Other Staff Agencies, 1969-1971.

SECTION II - Number of Routes and Scheduled Flights

Date	Number Routes		Number Scheduled Flights (Weekly)	
	Intertheater	Intratheater	Intertheater	Intratheater
1965 - Jan	4		2 1/2	
Jun	4		2 1/2	
Dec	4		7	
1966 - Jun	4		7	
Dec	3		9	
1967 - Jun	8		16	
Dec	10		17	
1968 - Jun	10	3	21	8
Dec	8	4	26	23
1969 - Jun	9	7	23	27
Dec	9	5	22	26
1970 - Jun	8	7	19	22
Dec	7	8	16	16
1971 - Jun	6	8	11	13
Dec	6	6	17	17

GLOSSARY OF TERMS AND ABBREVIATIONS

AAF	Army Air Forces
AAWg	aeromedical airlift wing
AB	air base
ACFC	Air Corps Ferrying Command
AE	aeromedical evacuation
AECC	Aeromedical Evacuation Control Center
AEGp	aeromedical evacuation group
AES	Aeromedical Evacuation System
AESq	aeromedical evacuation squadron
AF	Air Force
AFB	Air Force base
AFR	Air Force regulation
AFRes	Air Force Reserve
AFSC	Air Force Systems Command
AJMRO	Area Joint Medical Regulating Office
AMEGp	aeromedical evacuation group
AMESq	aeromedical evacuation squadron
AMTG(L)	aeromedical transport group (light)
AMTS, AMTSq	aeromedical transport squadron
AMTWg	aeromedical transport wing
ANG	Air National Guard
App	appendix
AS	air station

ASIF	Airlift Service Industrial Fund
ASMRO	Armed Services Medical Regulating Office
ATC	Air Transport Command
ATWg(H)	air transport wing (heavy)
(c)	CONFIDENTIAL
CAMSq	consolidated aircraft maintenance squadron
CONUS	Continental United States
CORONA HARVEST	A project established to evaluate the effectiveness of airpower in Southeast Asia (AFR 55-15)
CSEH	MAC Historical Office
CSU	casualty staging unit
det	detachment
distr	distribution
DOD	Department of Defense
EASTAF	Eastern Transport Air Force
FEAF	Far East Air Force (redesignated Pacific Air Forces on 1 July 1957)
FEJMRO	Far East Joint Medical Requesting Office
(FOUO)	For Official Use Only
GO	general order
hist	history, historical
HQ	headquarters

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intvw	interview
ltr	letter
MAC	Military Airlift Command (formerly Military Air Transport Command)
MAGp	military airlift group
MASWg	military airlift support wing
MATS	Military Air Transport Service (redesignated Military Airlift Command in 1966)
MIS	Management Information Summary
MM	MAC manual
MO	movement order
MR	MAC regulation
OPR	office of primary responsibility
P	page
PACAF	Pacific Air Forces
PP	pages
R&D	research and development
reg	regulation
RP	recurring publication
RVN	Republic of Vietnam
(S)	SECRET
SAM	USAF School of Aerospace Medicine
SAMCU	Special Airborne Medical Care Unit

SEA	Southeast Asia
sect	section
SO	special order
sumy	summary
Sup Doc	supporting document
TDY	temporary duty
TTU	transitional training unit
(U)	unclassified
UE	unit equipped
USAFE	United States Air Forces in Europe
USMACV	US Military Assistance Command, Vietnam
USS	United States Ship
WESTAF	Western Transport Air Force

I N D E XA

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