

# **157<sup>th</sup> MEDICAL GROUP**

## **LINEAGE**

157<sup>th</sup> USAF Clinic  
157<sup>th</sup> Tactical Dispensary  
157<sup>th</sup> Medical Group

## **STATIONS**

Grenier Field, NH  
Pease ANGB, NH, 1966

## **ASSIGNMENTS**

## **COMMANDERS**

Maj (MC) Philip J. Keating, #1972  
Col Leonard "Lenny" Nolan, 1978  
LTC Cathy Navin March 1994  
Col Gretchen Dunkelberger  
LTC Paul Loiselle, 8 Mar 2009  
Lt. Col. Nathan Jorgensen

## **HONORS**

### **Service Streamers**

### **Campaign Streamers**

### **Armed Forces Expeditionary Streamers**

### **Decorations**

## **EMBLEM**

## **MOTTO**

## **NICKNAME**

## **OPERATION**

The 157th USAF Dispensary went to Hawaii in February 1971. More than 50 unit members integrated with Hickam AFB counterparts for 15 days of Field Training.

As the unit set up shop in Jeddah, some 36 157th USAF Clinic volunteers provided two week's

medical support at Tyndall AFB, Fla. Other guard members helped in Washington, D.C.

The strain on people was intensified when, like SSgt. Daigle, individuals or groups of individuals were activated rather than entire units. For example, in February, the 157th USAF Clinic sent two unit members to March AFB, Calif., one to Whiteman AFB, Mo., and 16 to Carswell AFB, Texas. Twenty-six members of the 157th Security Police went to Malmstrom AFB, Mont. Another 18 were activated at Pease.

Members of the 157th Medical Group headed out to annual training at Volk Field in Wisconsin in July. They participated in Patriot 08, a National Guard-sponsored training exercise that involved national guard, active duty and reserve units from both the Army and Air, as well as Canadian, Dutch and British soldiers. It was a 2- day, large-scale exercise that took place in three different locations - Camp Ripley, Minn., Fort McCoy and Volk Airfield, Wis. Unlike many exercises that put participants through scenarios that are critiqued and graded by entities such as the Inspector General, Patriot 08 was strictly for training purposes and was planned out with that in mind. It allowed units from more than 45 states and countries to come together and form a cohesive joint force that functioned much as it would have to in a deployed location. Since participants were not being scored on certain scenarios, commanders were able to create exercises to meet the training needs of the different units. Four members of the 157<sup>th</sup> Medical Group participated in the planning and execution phases of the exercise. Lt. Col. Paul Loiselle and Capt. Phil Plourde (who has since transferred to a unit in Georgia) were instrumental in getting the N.H. airmen involved in the exercise and making sure that things went off without a hitch. Master Sgt. Jason Messenger helped out with the logistics, providing the supplies or manpower that was needed to ensure training scenarios were successful. Master Sgt. Sandy Chabot worked in the "Pit" where all of the mannequins and live volunteers were moulaged to look the part of the devastating combat injuries that one would see at a military theater medical facility. For the other 13 members that traveled to Volk Field, the concept of a Joint Force started at home. As it was touted as a regional exercise, guard members from Maine, Vermont, Massachusetts and Rhode Island all traveled to Pease ANGB to be flown out together by the tankers from the 157th ARW. It is always a source of comfort and pride for me when our aircrews fly us to our TDY destinations. The first week at Volk Field revolved mainly around getting certification in EMEDS training, a requirement for medical personnel. EMEDS is the acronym for Expeditionary Medical Support System and involves building a "tent hospital" and being familiar with all of its functions. We spent a day putting up the six tents that connect to form the hospital and then unpacking and storing. By Maj. Stephanie Riley, 157 Medical Group Medical Group trains at Patriot 08 all of the supplies that fill the tents. We then trained on the equipment and practiced scenarios that would get us ready for the three day mass casualty exercise that was planned for the next week. Training also included learning how to load the Army Blackhawk helicopters and the C-17 aircraft used for aerovac missions. To be able to have hands-on training in those tasks was great, something that can't be duplicated at most home bases. By the end of the first week, we had broken into two EMEDS sites that were staffed by medical personnel from the various participating units. Col. Gretchen Dunkelberger, 157th MDG Commander, was named commander of the RED site and felt that the experience provided exceptional training. "I thought the opportunities presented for the Patriot Exercise, were unbelievable. The ability to train with our brethren in the Aerovac System and the Canadian and the Dutch Royal Air Forces only enhance the experience. This has been by far the best CRT

training to date that I have received.” The other personnel, from the 157th MDG, that filled out the various departments at the EMEDs sites included Maj. Patrick Racz and Tech. Sgt. John Timblin from Dental, Tech. Sgt. Denis Doucet from the Lab, Airman 1st Class Marc Fillion from Supply, Master Sgt. Carlos Teran and Staff Sgt. Sarah Duggan from Admin and Maj. Stephanie Riley, Capt. Alyn Theriault, Master Sgt. June Fonteyne, Tech. Sgt. Scott Ellis, Staff Sgt. Kevin Weller, and Staff Sgt. Ben Vickery from Nursing Services. As the mass casualty exercise was to run both day and night for three days, the participants were assigned to either a day or night 12-hour shift. By the start of the second week, the two EMED sites were up and running, the staff waiting to begin receiving casualties. The first day was quite the reality slap with the first wave of patients flowing through the facilities. Whereas in the civilian sector, if a hospital’s resources become overwhelmed, the facility can divert patients to other facilities. That was not an option for the EMEDs personnel. Instead, it became imperative to interface with the aerovac process and try to get patients out to the CASF or CSU. The CASF is a Contingency Aeromedical Staging Facility that will hold patients that are waiting to get on aerovac flights. Patients must be stabilized and cleared for flight prior to going to the CASF. The CSU, Casualty Staging Unit, is the Netherlands version of the CASF and would hold patients waiting for aerovac flights, as well. If a patient was critically injured and needed to be aerovaced, a Critical Care Air Transport team was activated. This team is made up of a physician, a critical care nurse and a respiratory therapist and provides direct care to the patient in flight. All of these elements were present during Patriot 08 and the EMEDs units were tasked to utilize them appropriately. As summed up by Fonteyne, “For the first time ever I saw the big picture and how everything fits in. I was exposed to the aerovac portion, sending patients to the CASF and CSU. The active duty, Guard and Reserve members all needed to mesh together to accomplish the mission and that’s what happened.” The other aspect that becomes critical is that members need to be flexible and perform duties that may be outside their normal AFSC. Ellis, for example, is a medic who, more often than not, found himself behind the wheel of a Humvee ambulance to transport patients to the CASF. Another medic, Vickery, gave an impromptu fire safety in-service after a simulated fire in one of the EMEDs tents because he is a firefighter in the civilian sector. It is in this respect that I think Guard personnel are a valuable resource. They usually hold civilian jobs that may be related to their guard jobs or may incorporate a different skill set that could prove beneficial in a deployed location. Patriot 08 certainly tested the abilities of those that attended and provided valuable sustainment training on peacetime and wartime tasks. It also served to highlight areas of training that may need to have a stronger priority in future exercises. Having deployed in the past, I know firsthand how much time and energy is spent on sending injured troops out on aerovac flights. Theriault, who has deployed as both a member of a CCAT team and a clinical nurse also knows the value of enhanced training in this area. “The Air Force should field a training program for the computerized system that is utilized in the AOR that the Guard and Reserve Force could practice on at their home station. It is also important to get everyone involved and aware of what it takes to get patients through the system. In Balad, anyone that was available might be tasked to help unload a Blackhawk or carry a litter.” At the end of the exercise, we all flew home with the satisfaction of knowing that we had experienced important medical training, had strengthened ties with our NATO allies and had forged new friendships within our close military community. 2008

2009 The 157th Medical Group recently returned from its two week annual training at Tripler Army Medical Center, Hawaii. The clinic certainly picked a great time to go on the deployment

as it managed to escape the bitter cold temperatures that swept through New England. The trip proved to be quite the blending of the different services as the Arizona Air National Guard flew the deployers to Hawaii and back, the billeting arrangements were at Ford Island's Navy Lodge and the training took place at Tripler Army Medical Center, Schoffield Barracks and Hickam Air Force Base. The different sections of the Medical Group took advantage of the variety of training opportunities made available by the different locations. The doctors, nurses and medics were able to get hands-on training on the inpatient units, in the operating room, the emergency department and labor and delivery unit. The hospital clinics also went out of their way to provide great ways to get Readiness Skills Verifications (RSV) checked off. The orthopedic clinic allowed medics to apply casts on each other and practice removing them with the circulating saw. When we weren't able to actually demonstrate proficiency of tasks on real patients, we were able to create impromptu in-services using equipment provided by the hospital. Our physicians put their civilian specialty training and skills to work by performing patient care in the different hospital sections. They were also able to help educate the residents currently in training at the medical center. Our flight surgeons were able to take advantage of going on aerovac missions in which real patients were transported to other facilities. The aerovac missions also afforded our administrative staff the opportunity to work with the aerovac unit responsible for all of the coordination that goes along with the mission. The exposure to the aerovac system was an invaluable training opportunity since it is rare that our folks get to experience that outside of going on a deployment. Schoffield Barracks also proved to be a place where guard members benefitted from great training. The nurses and medics connected up with the training group responsible for running the Army Combat Lifesaver course and offered an abbreviated version of that class. After classroom instruction, we were put to the test in a simulated war time scenario in which we had to use all of our knowledge and skills to try and save soldiers wounded in IED attacks. The dental section put our member's right to work caring for soldiers; at the Hickam dental clinic the dental folks were able to participate in more training. Our Public Health and Bio-Environmental Engineer members were able to work together at Schoffield Barracks and Hickam Air Force Base. The Laboratory, Medical Logistics, Supply, Respiratory and Optometry staff were all able to work in their various departments to get exposure to the tasks required of them.

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Air Force Order of Battle

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#### Sources

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