

## 301 MEDICAL SQUADRON



### MISSION

### LINEAGE

301 Station Medical Group constituted, 28 May 1948  
Activated, 1 Aug 1948  
Redesignated 301 Medical Group, 1 Mar 1949  
Redesignated 301 Medical Squadron, 10 Feb 1951  
Redesignated 301 Medical Group, 14 Feb 1952  
Redesignated 301 Tactical Hospital, 15 Feb 1954  
Inactivated, 1 Dec 1958  
Activated in the Reserve, 1 Jul 1976  
Redesignated 301 Medical Squadron, 1 Nov 1990  
Redesignated 301 Aerospace Medicine Squadron, 11 Sep 2004  
Redesignated 301 Medical Squadron, 17 Oct 2008

### STATIONS

Smoky Hill AFB, KS, 1 Aug 1948  
Barksdale AFB, LA, 7 Nov 1949  
Lockbourne AFB, OH, 15 Apr-1 Dec 1958  
Carswell AFB (later, ARS), TX, 1 Jul 1976

### ASSIGNMENTS

301 Bombardment Wing, 1 Aug 1948  
91 Air Base Group, 10 Feb 1951  
301 Air Base Group, 1 Jun 1951  
301 Bombardment Wing, 14 Feb 1952-1 Dec 1958  
301 Tactical Fighter (later, 301 Fighter) Wing, 1 Jul 1976

301 Medical Group, 1 Aug 1992  
301 Fighter Wing, 1 Apr 1997

### **COMMANDERS**

Lt Col Robert F. Corwin, #1950  
Col Gus W. Neece  
Col Richard Walters  
Col Patricia R. Ballentine  
Col Lawson A. Copley 07 Nov 2017

### **HONORS**

#### **Service Streamers**

#### **Campaign Streamers**

#### **Armed Forces Expeditionary Streamers**

#### **Decorations**

Air Force Outstanding Unit Awards  
14 May 1992-13 May 1994  
30 Jun 1995-1 Jul 1997  
1 Oct 2000-30 Sep 2002  
1 Oct 2002-30 Sep 2004  
1 Oct 2004-30 Sep 2006  
1 Oct 2006-30 Sep 2008

### **EMBLEM**



The 301st Medical Squadron emblem consists of the Latin motto "Et Praesidia Vitae" translated-Protectors of Life, and 3 distinctive elements, each symbolizing a unique aspect of the squadron.

The emblem field is Ultramarine Blue and Air Force Yellow, which represent the operational environment of air evacuation, and ground support of the 301 MDS. **SIGNIFICANCE** The first element, the Scarlet Cross, the international symbol for medical care, represent the heritage and tradition of the medical corps. The second element, the Bull represents our strength and tenacity for saving lives while completing the mission at all costs, The third element, the group of stars, represents the lineage of the unit – 301st Station Medical Group in the 301st Bombardment Wing (1948), 301st Tactical Hospital in the 301st Bombardment Wing (1954), 301st Medical Squadron in the 301st Tactical Fighter (later, 301st Fighter) Wing (1976).

## **MOTTO**

## **OPERATIONS**

November 2 was a historical date for the medical squadrons in the 301 Fighter Wing as the 701st Medical Squadron and 301 Aerospace Medicine Squadron merged to form the only unit's medical squadron, the 301 MDS. Described by wing officials as a great opportunity for future successes, the 301 Medical Squadron's activation Nov. 2 sparked renewed excitement as the merger of two medical squadrons took center stage with more than 200 people in attendance. "Combining the missions of the 301 Aerospace Medicine and 701st Medical Squadrons together are good for the wing as a whole and the right move for where our country is heading," said Col. Kevin Pottinger, 301 Fighter Wing commander. The merger process, which started nearly two years ago, has been the brain child of several commanders and enlisted leaders who have been anxiously waiting for this change, many who moved on in their careers returned for the formal event.

As for their history, the 20<sup>th</sup> Medical Services Squadron (701st) started at Carswell in 1964 and is now the Bureau of Prisons women's medical facility. In 1994, the name was changed to the 701st Medical Squadron and was considered a mobility unit with humanitarian support to such locations including Qatar, Afghanistan and Iraq. The 301 Tactical Hospital started at Carswell in 1976. In 1991, the name was changed to the 301 Medical Squadron. In 2000, the 301 MDS became the Aerospace Medical Squadron and primarily turn into a physical exam package responsible for keeping unit members' mission ready. "These units have done extraordinarily well throughout the years," said Col. Richard Walters, 301 Medical Squadron commander, "the merger now combines two of the best into one great medical squadron."

Merger team officials worked tirelessly every two to three weeks during the past two years to ensure the process was streamlined to help realign staff duties for the two units, combine Air Force Specialty Code groups, implement computer enhancements and upgrades in accommodating the new squadron, combine orderly room, and supply responsibilities, and develop organizational and leadership roles for each of the merged sections. "It was a long road to this point, but we are all glad to be on one team and will look forward to our new mission of both supporting physical exams and deploying with our fellow airman to support our war time mission," said Senior Master Sgt. Samantha Boswell, 301 MDS health services section chief. "The merger of these two fine units has been challenging at times," Colonel Pottinger said, "but, with the changes happening in our world today, this merger has become necessary; and I believe will serve as a great opportunity for us to perform our jobs in a more efficient and professional manner.

I am also glad to say that everyone from both the 301 and 701st have worked in this merger process with a spirit of cooperation ensuring its success. "I know both units have had a long and distinguished history that, now together, will serve the 301 Medical Squadron in becoming the best medical unit in the Air Force Reserve Command." While some may miss the two individual squadrons, others were quick to point out that the merger provides greater opportunities for promotion, career growth and development. The elimination of duplicate services and functions also gives broader and more efficient support to the Fighter Wing mission. "I am so proud of the men and women of the 301 Medical Squadron and I commend you for the excellent work you do every day," said Colonel Walters. "We have experienced great teamwork in getting us to this point and it's that kind of determination and professionalism that will ensure our successful future."

GEORGETOWN, Guyana – Not many people in the remote South American country of Guyana get a reception like Tech. Sgt. Pamela D. Reed. People paddle miles upriver, hike through overgrown jungle trails and pile into cramped, overcrowded buses to get to her. TSgt. Reed is a 301 medical service specialist who recently spent time in Guyana as part of a nation building and humanitarian exercise called "New Horizons." She and more than 200 service members provided such things as medical and dental care, built schools and other community facilities to aid the people of the poverty-stricken nation. "I provide medical services by helping in triage, where I take vital signs, and anything else I can do to help within the scope of my experience," explained Reed.

Celebrating 25 years of providing aid to underserved areas throughout Central and South America, "New Horizons" also gives service members a type of experience they would never receive back at their normal duty station. This year, the focus has been on building a new medical clinic in La Pentinence, a new schoolhouse in Bel Air, the renovation of another school in Timehri and eight medical readiness exercises throughout the region. "The amount of people needing care here is beyond belief," said Reed. "I am learning how to handle the large volume of patients in a very short period of time – sometimes up to 600 patients a day! I'm also learning a lot by working with patients from another country who speak a different language. We really have to slow down and listen to them." Amid the poverty, sickness and structural decay of the region lies what some consider one of the most beautiful places on Earth. Exotic plants and animals and spectacular waterfalls make Guyana a place where time seems to stand still. "Guyana is beautiful, but it is also a very poverty-stricken country," said Reed. "The people are very friendly and grateful for all of our help. One elderly woman took my hand and kissed my cheek with extreme gratitude. It made me feel so lucky to be an American." For hundreds of locals in the jungles of Guyana, the work Sergeant Reed and her fellow service members provided will be remembered for life.

In May 2019, US Army Europe led a regional training exercise, Immediate Response (IR19) with Medical personnel from the 301 and 433rd Medical Squadrons (MDS) at the Kadetnica Military School Center in Maribor, Slovenia from 8-24 May 2019.<sup>35</sup> The AFRC units left their home bases in Fort Worth and San Antonio, and landed in Slovenia with 27 personnel from 301 MDS, five 301 FW wing inspection team (WIT) members, four from 433 MDG, along with medical equipment from the 452nd Medical Group (452 MDG) at March Air Reserve Base, California. An AFRC C-17

from the 452nd Operations Support Squadron (452 OSS) arrived in Slovenia on 8 Mar 2019 with AFRC medical equipment and personnel, and accompanied by 11 USAFE member of the 1st Combat Communications Squadron in Ramstein, Germany.<sup>36</sup> The mission successfully deployed and redeployed all participants safely, and established, operated, and reconstituted an Expeditionary Medical Support Health Response Team (EMEDS HRT) facility in a mass casualty exercise. All of the assigned units demonstrated interoperability with their Slovenian counterparts during training, while establishing a separate communications support facility for local area network setup and power grid support.

301 MDS effectively processed 300 notional casualties both administratively and medically through the Patient Movement System from the point of injury or illness through the Army Combat Support Hospital (CSH) and the En Route Patient Staging Squadron (ERPSS) to the final point of embarkation via air or ground transport. The medical deployers recommended following practices continue in future training exercises. The realistic mission essential training and sustainment requirements were enhanced with the use of mil air and operating in field condition quarters, which not only provided substantial cost savings for the mission but also allowed for enhanced engagement and cooperation among participants. The leaders should continue to emphasize and communicate clear mission objectives to minimize idle time at the onset of the exercise, as this practice allowed 301 MDS to initiate operations upon arrival in Slovenia. Valuable dynamic interaction occurred between US and Slovenian counterparts when trading HRT roles and facilities, which fostered innovation, exchange of ideas, and capability assessment during the interoperability phase of the exercise.

Improvements to training were also noted. The coordination of personnel, equipment and mission planning were hampered by three separate changes in the designated project officer. This led to concerns about mission viability at various stages in the planning process. Recommendations for future training missions included anticipating participation in IR 21, and commit a dedicated MSC Officer (41A3) and incorporate a core group of IR19 exercise participants in the planning phase when possible. Issues with security clearances and passports were identified late in the planning process, and limited participation resulted in passport delays when arriving in Slovenia. The MRDSS checklist at a minimum was completed several months/UTAs before departure, and yet all identified exercise participants could not obtain a government passport. From this point forward, one year in advance of the exercise, government passports will be kept in the airman's mobility folder. The 301 MDS deployed with equipment pallets stored at March AFB, which were incomplete for EMEDS HRT and required reorganization and resupply during deployment packing. To mitigate future deficiencies, the 301 MDS requested that AFRC/SGX authorize the deploying medical unit to aggregate all EMEDS HRT pallets, conduct detailed inventories, and resupply one year prior to IR 21, funded jointly by AFRC/SGX and USAFE. The EMEDS HRT condensed 831 pages of training materials in the 45 CPGs into a two-day scenario-based course, and trained 31 airmen.

In addition to logistics and equipment issues, 301 MDS identified the need to integrate EMEDS HRTs in real-world medical triage, resuscitation, and MEDEVAC for injuries sustained in Battalion Task Force-level air assault training in the larger exercise, requiring future coordination with US

Army. Specifically, the 301 MDS showed that they were a real-world asset in US Army battle rhythm during air drop exercises. The 301 MDS successfully responded to a real-world injury of a Polish 6th Army soldier, but had limited splinting material for additional orthopedic injuries related to low-altitude air drop training. The Col Copley, the MDS Commander summed up the capabilities of his airmen best; “Our mission in the 301 Medical Squadron is ‘In theater and abroad, maintaining the human weapon system’ To conserve the fighting strength of our fellow warriors is the goal of our second mission, which is now possible because of EMEDS and the MFS. Although we are non-combatants, in this mission, medics are warriors too.”



Airmen assigned to the 301 Medical Squadron, Carswell Field, Naval Air Station, Fort Worth, Texas, and train on simulated patients in a primary ward unit they set up in Maribor, Slovenia, during Immediate Response 2019, May 11, 2019.

5 Apr 20 15 Reserve Citizen Airmen of the 301st Medical Squadron (301 MDS), doctors, nurses anesthetists, paramedics, and medical technicians, deployed to Joint Base McGuire-Dix-Lakehurst, NJ on C-5M Super Galaxy Aircraft out of NAS Fort Worth. This marks the first tasking of 301 MDS for involuntary mobilization in a mission to save lives on American soil.

22 Apr 20 More than 15 Reserve Citizen Airmen of the 301 MDS departed NAS Fort Worth as the

second tasking to provide medical support to civilian medical professionals as the fight against COVID-19 continued in the New York/New Jersey area.

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USAF Unit Histories

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Sources

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

Unit yearbook. *301 Bombardment Wing, Barksdale AFB, LA*. 1950.