

AIR RESCUE SERVICE
MILITARY AIR TRANSPORT SERVICE
United States Air Force
3800 Newark Street N. W.
Washington 25, D.C.

ARS Commanders Conference Notes

30 Nov. - 4 Dec 53

Hq ARS SC No. 3385

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HEADQUARTERS, AIR RESCUE SERVICE
Washington, D. C.

ARS COMMANDERS CONFERENCE
30 November thru 4 December 1953

PERSONNEL DIRECTORATE

Future Manning Outlook

GENERAL

Now that we all know where we're going, let's see what the prospects for future manning look like. In view of the many changes in our personnel authorizations due to a changing program, I think it is rather futile to compare in detail our present assigned strength against our authorized strength. In fact, I don't even think that a comparison of our strength against T/O 1-1615 would be helpful at this time. There are simply too many changes in our authorizations for any comparison to be realistic. Instead, let's isolate certain areas of special interest.

PILOT REQUIREMENTS

First, let's consider our pilot requirements. These figures compare our pilot authorizations under different programs:

PILOT REQUIREMENTS

AFSC	ZONE OF INTERIOR			OVERSEAS			TOTAL		
	FUNCTIONAL			FUNCTIONAL			FUNCTIONAL		
	CONCEPT	12/53	6/54	CONCEPT	12/53	6/54	CONCEPT	12/53	6/54
1034 (SA-16)	92	104	64	188	166	198	280	270	262
1234P (SB-17, SB-29)	-	-	-	78	66	50	78	66	50
1044C (SC-47)	28	28	8	42	40	52	70	68	60
1054A (SC-54)	-	-	-	12	8	8	12	8	8
1024 (H-19, H-21)	52	42	42	160	170	120	212	212	162
Total	172	174	114	480	450	428	652	624	542

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Future Manning Outlook (Cont'd)

I know you are all interested in the future outlook for SA-16 pilots. Based on our programmed deployment in June 1954, we will require more than three SA-16 pilots in overseas units for each one in our ZI units. Because of this disparity in our requirements, we must continue to rely largely on the output from the SA-16 Pilot School at Palm Beach International Airport for our SA-16 pilots in overseas units. However, we now hope to replace all rotating SA-16 pilots with school trained pilots. The SA-16 re-equipment program has been completed and at the moment we are not forming any new squadrons. Therefore, the entire output of the school will be assigned to overseas units as replacements.

Although I feel that the school output will be adequate to meet our overseas requirements, I'd like to again stress the importance of upgrading co-pilots to aircraft commander status. I realize that in many cases this cannot be accomplished. However, it should be done whenever possible. This headquarters recently completed a survey of the qualifications of rated officers assigned as SA-16 crew members. This survey revealed that many officers remained assigned as co-pilots for extensive periods despite qualifications that should readily permit up-grading to aircraft commander status. For example, the average SA-16 co-pilot in the ZI has been in his present assignment 20 months and has in excess of 1600 hours flying time with considerable multi-engine experience. I am sure that similar conditions prevail at some overseas locations. All commanders and operations officers should continually review the qualifications of co-pilots and provide an opportunity for well qualified officers to advance to aircraft commander positions.

Our SB-29's are being phased out from the 48th Air Rescue Squadron and most of the EOS SB-29 personnel at this unit have already been re-assigned. So now, we have no ready source of rescue trained SB-29 aircraft commanders in the ZI. Therefore, we won't be able to help meet your overseas requirements in this specialty. Since we have had no SB-17's in the ZI for sometime, it's unusual to find any officers who are current in this aircraft. Generally, no trouble is anticipated in meeting our cargo pilot requirements. The decrease in ZI 1044C requirements is the result of the 14th Air Rescue Group deploying overseas.

The helicopter project officer in the Directorate of Military Personnel, Headquarters USAF recently stated that he anticipated that the helicopter pilot specialty, AFSC 1024, will remain as a limited resource specialty for another year. Although, for a time, he added, it appeared as though the Air Training Command output would catch up with the demand. However, recent changes in Air Force programming have again increased requirements. Despite the fact that the Air Training Command is now graduating 30 pilots in each class every five weeks, Headquarters USAF projections for this specialty are predicated on a maximum ZI tour of 24 months for recent overseas returnees. We will continue to be forced to rely largely on non-ARS sources for our helicopter pilot replacements in overseas units. This is because our ZI requirements are approximately

SECURITY INFORMATION

Future Manning Outlook (Cont'd)

only one-third of our overseas requirements. Incidentally, Headquarters USAF has recently directed that helicopter pilot trainees be given the entry level of helicopter pilot upon graduation. Previously, graduates were awarded the fully qualified specialty of 1024.

I think it is of interest to note that our pilot requirements constitute 44% of our total officer authorizations. In fact, when we add authorizations for commanders, operations officers, RCC personnel and navigators, our requirement for rated personnel is 82% of our total authorizations for officers in the groups. These figures emphasize the fact that ABS is a flying command.

UTILIZATION OF RATED OFFICERS IN NON-RATED DUTIES

Last July, I placed considerable emphasis on the subject of returning rated officers to rated positions. However, the policy in this regard has relaxed because a relatively large number of non-rated officers were separated from the service under the RIF program. In MATS, 59% of the officers separated were non-rated. Sixteen percent of the officers in Air Rescue Service who were separated were non-rated. Further, as you know, the AFROTC recall program was delayed. Therefore, in many cases, non-rated officers are simply not available. Many of our requisitions for officers with non-rated specialties have been unfilled due to "no source." Hence, it has been necessary to assign rated officers to non-rated duties if the position was to be filled. I expect some relief in this regard as more of the 1953 AFROTC graduates enter on active duty. Despite the shortages of non-rated officers, this command has actually reduced the percentage of rated officers assigned to administrative duties. In November 1952, 17% of ABS pilots were assigned to administrative duties; by October 1953, this percentage had decreased to 12%. In fact, if pilots assigned to non-rated limited resource specialties are excluded, the current figure is lowered to 9%.

ADMINISTRATIVE (NON-RATED) OFFICERS

Now that we've considered the subject of pilots assigned to administrative duties, let's analyze our position in regard to officer non-rated specialties. This summary shows our manning status in non-rated specialties:

**NON-RATED OFFICER SPECIALTIES
STATUS OF MANNING**

<u>SPECIALTY</u>	<u>ZI</u>	<u>OS</u>	<u>TOTAL</u>
Communications & Electronics	100%	102%	102%
Supply	68%	98%	88%
Maintenance	86%	93%	90%

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Future Manning Outlook (Cont'd)

NON-RATED OFFICER SPECIALTIES
STATUS OF MANNING

<u>SPECIALTY</u>	<u>ZI</u>	<u>OS</u>	<u>TOTAL</u>
Personnel & Administrative	95%	98%	97%
Total	89%	98%	94%

In computing these percentages, estimated assigned strength as of 15 December was used. This was based on officers known by name to be enroute and known losses to include officers forecast for rotation in December. Authorized strength included authorizations for all units to be reorganized under T/O 1-1615, this headquarters and those additional units organized under T/O 1-1614 which will be inactivated during the third and fourth quarters of this fiscal year. Staff level specialties are included in the figures. Our only critical shortage is in the supply specialty and this shortage is restricted to our ZI units.

PARA-RESCUE TEAMS

Last year, I discussed a new pararescue team concept. At that time, I stated that the medical service officers were being phased out as team commanders and would be replaced by warrant officers (AFSC 92000). Since then, it has been decided to utilize airmen as team commanders. Under present planning, the size of the team has been reduced to five members and the number of teams reduced to 23 of which eight are in the Zone of Interior. As a result of our decreased requirement for these technicians, Headquarters MATS could not justify retention of the Rescue and Survival School at PBIA. Consequently our trainees now receive this training at McCall, Idaho. There are several proposals now being considered which may reduce the number of overseas teams and also change the size of certain teams.

As you know, these airmen are highly trained. Pararescue trainees now joining the command have received the following training:

1. Three weeks jump training at Ft Benning, Ga.
2. Sixteen weeks pararescue and survival training at McCall, Idaho.
3. Four weeks medical training at Gunter AFB, Alabama.

In addition, team commanders may apply for the 19 week Medical Service Supervisors Course at Gunter AFB. All of this training is costly and time consuming. Since ARS is the only Air Force command which fully utilizes the training and experience of the pararescue technician, any concept which proposes a greater requirement in overseas units creates many difficulties. Therefore, from a strictly personnel standpoint, I

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Future Manning Outlook (Cont'd)

prefer to see a balance between our ZI and our overseas requirements for these technicians. Incidentally, this specialty is now a part of the Air Crew Protection Career Field which was authorized on 31 October 1953 by AFR 35-492. Unfortunately, this regulation does not require jump training prior to the award of the AFSC 92130/70. This headquarters recommended to Headquarters USAF that this requirement be added as a mandatory prerequisite for the award of the specialty. However, the request was disapproved, presumably on the basis that this command is the only command to require the jump training. We are now studying the possibility of establishing a shred-out code to identify qualified parachutists. This would preclude the possibility of 92170's being assigned to this command who are not "jumpers."

HELICOPTER MECHANICS

For sometime, I have been concerned with our shortages in helicopter mechanic specialties. This summary reflects the status of our manning in these specialties.

STATUS OF HELICOPTER MECHANIC MANNING

AFSC	AUTH	JAN 53		T/O 1-1614			FUTURE	
		ASGD	% ASGD	AUTH	OCT 53 ASGD	% ASGD	AUTHORIZATIONS	
							DEC 53	JUN 54
<u>ZONE OF INTERIOR</u>								
43130	8	11	138%	12	42	350%	8	8
43150	16	20	125%	22	22	100%	21	21
43171M	<u>16</u>	<u>5</u>	<u>31%</u>	<u>22</u>	<u>9</u>	<u>41%</u>	<u>21</u>	<u>21</u>
Total	40	36	90%	56	73	130%	50	50
<u>OVERSEAS</u>								
43130	37	71	192%	35	140	400%	41	38
43150	134	63	47%	118	61	52%	126	60
43171M	<u>77</u>	<u>19</u>	<u>25%</u>	<u>61</u>	<u>24</u>	<u>39%</u>	<u>69</u>	<u>60</u>
Total	248	153	62%	214	225	105%	236	158
<u>TOTAL</u>								
43130	45	82	182%	47	182	388%	49	46
43150	150	83	55%	140	83	59%	147	81

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Future Manning Outlook (Cont'd)

AFSC	AUTH	T/O 1-1614						FUTURE	
		JAN 53	ASGD	% ASGD	OCT 53	ASGD	% ASGD	AUTHORIZATIONS	
								DEC 53	JUN 54
43171M	93	24	26%	83	33	40%		90	81
Total	288	189	66%	270	298	110%		286	208

It is clearly evident that in addition to a shortage of "bodies," there has also been a shortage of skills. However, the shortage of "bodies" has been met by increased input to this command of recent graduates of Air Training Command technical schools. Unfortunately, these mechanics are relatively unskilled and require additional training and experience. There has been practically no change in our manning by skill level since January 1953. It should be noted that the decrease in the number of helicopters authorized under the new program will materially affect manning in these specialties. For example, 63 of the 270 mechanics authorized in October 1953 are in the 2157th Air Rescue Squadron. These spaces, along with other deletions due to changes in aircraft programming, are not reflected in the projected authorizations for June 1954. Therefore, since the skills will still be available, I hope to see our manning by skill level rise to approximately 75% by June 1954.

SA-16 MECHANICS

I think it is appropriate to comment on the subject of SA-16 mechanics. The following summary reflects the status of our manning in these specialties:

STATUS OF SA-16 MECHANIC MANNING

AFSC	AUTH	T/O 1-1614						FUTURE	
		JAN 53	ASGD	% ASGD	OCT 53	ASGD	% ASGD	AUTHORIZATIONS	
								DEC 53	JUN 54

ZONE OF INTERIOR

43131L	14	3	21%	20	9	45%		52	32
43151L	14	20	143%	20	26	130%		52	32
43171L*	42	25	60%	60	50	83%		74	48
Total	70	48	69%	100	85	85%		178	112

OVERSEAS

43131L	56	37	66%	46	22	48%		83	99
43151L	56	65	116%	46	51	111%		83	99

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HEADQUARTERS, AIR RESCUE SERVICE
Washington, D. C.

ARS COMMANDERS CONFERENCE
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OPERATIONS DIRECTORATE

Forum Problem

PROBLEM

Assignment of pararescue personnel vs. the assignment of aero-medical personnel as aircrew members.

DISCUSSION

We should endeavor to conclude whether aero-medical personnel can be utilized to the same extent as pararescue personnel. We should keep in mind that both types of personnel receive basically about the same amount of medical training; however, in the case of the aero-medical, he can be of no assistance unless he can be physically transported and placed at the scene.

In the case of the pararescue man, although he must be taken to the scene, if a landing cannot be effected, he has the capability of jumping, coupled with the capability of rendering medical assistance. Every effort will be made to give the units the type of personnel they would rather have and the type of personnel they could better utilize. During this discussion we want to remember that there is no career field for pararescue personnel outside of this command. Therefore, the training problem will remain constant and heavy.

We want to resolve what you want, either all pararescue or all aero-medical or a combination of the two.

End

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HEADQUARTERS, AIR RESCUE SERVICE
Washington, D. C.

ARS COMMANDERS CONFERENCE
30 November thru 4 December 1953

PLANS DIRECTORATE

National SAR Policy

I -- HISTORY

With the close of World War II and the coming of the Air Age, it was realized that many new facilities had been developed in order to keep pace with an ever-increasing requirement in support of air operations. In the navigation field, Loran had been introduced. Weather forecasting had developed from theory to a new science. Following the same development pattern, our search and rescue facilities evolved, motivated by combat air operations requiring the crossing of great expanses of water and waste land. In the early stages of World War II, it was forcefully brought to the attention of the Army Air Force, then faced with overwater operations with inadequate equipment, that SAR operations insofar as present World War II planning was concerned had been completely ignored, with the Navy offering only inherent SAR assistance in this vital support operation. To provide forces to meet the requirements of this support mission, AAF hastily organized air sea rescue squadrons and then assigned them direct to the combat air forces in the various theaters of operation. This local system of air sea rescue operations did yeoman work in contributing to the success of local combat air operations. After World War II, with the usual cutbacks to a peacetime Air Force, the air sea rescue squadrons that performed so well in support of combat operations declined to second rate units and in some areas were reduced to a state of complete ineffectiveness.

II -- DEVELOPMENT OF SAR TRIANGLE

This was the rescue picture in 1946 with the requirements for worldwide air operations very real and increasing day to day. Air Force recognized the seriousness of the situation and authorized the formation of the Air Rescue Service, a command programmed to be worldwide in scope. The impact of the meaning of a worldwide USAF Air Rescue Service so called transgressing on the mission prerogatives of the Coast Guard and Navy cannot be calculated; however, we do know that by this action the Air Force entered into a bitter inter-service controversy. At a National level the starting point of this inter-service controversy over the search and rescue mission can be traced to a great extent to the function papers of the Unified Command Act. The following paragraph appears in the functional papers: "Of the three major services, the Air Force has primary interest in, and primary responsibility for, all operations in the air, except those operations otherwise specified herein." Air search and rescue

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National SAR Policy (Cont'd)

was not specified as "operations otherwise specified herein". Therefore, the USAF had the authority to expand any air operations that fell within the purview as stated in the functions papers; however, the Coast Guard and Navy interest in search and rescue was not to be treated lightly. The Coast Guard with their wartime expansion was vitally interested in maintaining an active peacetime mission that would require a sizeable primary air search and rescue force. In a typical fashion of a service that enjoys both civilian as well as military status, the Coast Guard to establish their SAR mission chose the civilian hat and through legislative action expanded their original mission of protecting life and property on the high seas to include over the high seas. This statutory authority by the way was broad enough to include military as well as civil operations depending on how the reader chose to interpret it. With their statutory SAR mission, Coast Guard followed through with additional legislative action to establish 15 Coast Guard air stations to fulfill their expanded mission.

During this time that the Coast Guard was busily establishing statutory mission, the Air Force was equally busy establishing the Air Rescue Service to fulfill the requirements of the functions paper. Now we have two National agencies racing for the search and rescue mission. But that isn't all -- the Navy through the disguise as the champions of the Unified Commanders enter the picture. The Unified Command Plan charges the Commander of Unified Commands with certain authority and responsibility for providing service support capability to his own assigned forces as well as transit forces of the other commands. Search and rescue was not specified as one of the services to be provided by the Commander of Unified Commands; however, again a broad statement of National policy could be interpreted as including search and rescue. Therefore, we have the party of the third part interjected into the SAR triangle.

III -- IMPORTANT JCS PAPERS IN THE 659 SERIES

Many efforts have been made by the various participants to break this deadlock. For the most part, these attempts have been made in the form of a series of Joint Chiefs of Staff papers by name of 659 series. The outstanding papers of this series are as follows:

a. JCS 659/13, 8 May 1951. This was a Navy proposal that the Dept. of Defense recognized the position of the U. S. Coast Guard as the logical governmental agency to coordinate and operate a comprehensive National SAR program. Needless to say, USAF rejected this proposal. Again in September 1952, Navy reaffirmed JCS 659/13 as sound in principle and further recommended that the Unified Area Commander be charged with a primary responsibility for search and rescue. Further, Area Commanders or responsible SAR Commanders shall exercise over-all coordination and control of all military search and rescue resources. Again Air Force rejected the Navy proposal. Early this year, while still Chief of Staff, USAF, General

National SAR Policy (Cont'd)

Vandenberg presented a firm Air Force view on this long controversy recommending over-all Air Force responsibility for the Dept. of Defense SAR function. This was to include surface vessel requirements and incorporate the SAR portion of the U. S. Coast Guard mission. Upon close study by the Air Staff of General Vandenberg's proposal, it was decided that it was infeasible for the Air Force to assume the responsibility, and provide facilities for all phases of the SAR mission. Therefore, a new position would be prepared again based primarily on the functions papers.

b. JCS 659/17, April 1953. This was an Air Force proposal to divide the SAR mission functionally. Air Force proposed that the responsibility for military SAR should be so divided that the Army, Navy and Air Force would each be assigned this primary responsibility for the conduct of SAR incidents resulting from military land, sea and air operations respectively. If this proposal had been accepted, ARS would have been responsible for the air SAR mission in support of all military air operations.

c. With the Navy and Air Force position so far apart, it was inevitable that the Army propose a compromise. This was presented in June 1953 as JCS Paper 659/18. Both the Air Force and the Navy rejected the Army proposal.

d. After considerable effort had been expended by service representatives serving on a joint Ad Hoc board to solve this problem, a position was drafted that satisfied all interested services in the Dept of Defense. This proposal was contained in JCS 659/19, dated 22 July 1953. With the various services acceptance of this paper and the approval of the Joint Chiefs of Staff and the Secretary of Defense, this paper has become the National policy on military search and rescue operations. (See Appendix to JCS 659/19, subject: "Responsibilities for Search and Rescue".)

IV -- SAR SECTION OF CHAPTER IV, SECTION IV, JAAF MANUAL

With the establishing of the National SAR policy as just presented, the next step was the preparation of the SAR section of Chapter IV, Section IV, of Joint Action Armed Forces Manual. Chapter IV establishes the principles and doctrines governing joint aspects of special operations of the Armed Forces. A proposed section has been agreed to by the various members of a Joint Specific Element representing the four services of the Dept of Defense; this includes the Marine Corps. (See SAR Section of JAAF, for planning purposes only. This will have to be published as a JCS paper before it can be considered an approved Dept of Defense document.) Upon the publication of the SAR Section of JAAF, expected to be ready in the early part of 1954, future peacetime field commanders will have the proper guidance for the conduct of SAR operations involving more than one service in the Dept of Defense. It is the desire of General Du Bose that all commanders carefully review the content of both 659/19 and the proposed SAR Section of JAAF so that upon returning to the respective areas of operation

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National SAR Policy (Cont'd)

ARS will be prepared to cooperate fully with the Unified Commanders and other Services in fulfilling the desires of the Dept of Defense in effecting the best Joint SAR coverage with the least misunderstandings between all agencies participating in the search and rescue mission.

V -- SUMMARY

In summary, Coast Guard resented the intrusion of Air Rescue Service into a field they had always thought as their private domain during a peacetime period. Air Force resented the Unified Area Commanders (especially CINCPAC) attempts to restrict a potentially worldwide Air Rescue Service to the limit of a Unified Command Boundary, with all forces directly under the Unified Command's operational control. The last participant in this hassle, the Unified Area Commander, resented the presence of a force permanently stationed in his area yet not considered as part of his assigned forces. So these were the ingredients that resulted in an inter-service deadlock over the SAR mission for these many years. Many JCS papers of the 659 series of which 13, 17, 18 and 19 are particularly salient, attempts to solve the inter-service deadlock and deserve special study and knowledge by all ARS commanders. The attached appendix in your handout has not yet been published as a JCS paper but all indications are that it will be. If it is, it can be considered an approved Dept of Defense document. The SAR Section of Chapter IV, Section IV, of Joint Action Armed Forces Manual establishes the principles and doctrines governing joint aspects of special operations of the Armed Forces. We expect publication of this revised section of the JAAF Manual the early part of 1954 and it will provide proper guidance for the conduct of future joint SAR operations.

End

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HEADQUARTERS, AIR RESCUE SERVICE
Washington, D. C.

ARS COMMANDERS CONFERENCE
30 November thru 4 December 1953

SURGEON

Air Rescue Service Medical Considerations

Constant change in international politics, in the temperature of the sometimes-hot, sometimes-cold war, in technology, and in domestic politics, causes a corresponding change in the structure, deployment, mission and activities of the Air Force. In the Air Rescue Service we have corresponding changes in the specific mission, in deployment, in the T/O, in operational procedures, and indeed in all phases of Air Rescue Service activity. Among the phases is the medical, and here we have seen continual change in authorized personnel, in utilization of those personnel and in the significance attached to medical skill in the Air Rescue Service. The inevitability of change is well accepted and we must accept the fact that the Air Rescue Service is not exempt.

In the midst of such continual change we are justifiably confused, we wonder just what we are striving for, just what is the situation in which the Air Rescue Service is attempting to operate today, and how can we best insure that in that situation our efforts will be effective. In order to afford stability, appropriateness and effectiveness to our efforts we must detect and remember the basic need which exists, the fundamental goal - That Others May Live - which has been unchanged in the years since its adoption, and the principles of operation which have promoted attainment of that goal.

Consideration of this problem as it relates to medicine in the Air Rescue Service is important enough to warrant development at this time. For this reason we herein present a concept of the overall place of medical science in the Air Rescue Service. We shall do this in relation to what we will call subject personnel and object personnel.

The subject personnel are those assigned and attached to the Air Rescue Service, and as such are all entitled to sanitary living and messing facilities and to basic instruction in such subjects as personal hygiene, first aid, defense against ABC warfare, and to medical care. This responsibility of the Air Force has been delegated to the Air Rescue unit commander, but at present he must depend entirely upon base medical and sanitary facilities except where a Group Surgeon is able to assist.

In addition to these requirements for all assigned personnel, aircrew members are afforded the functions of the Care of Flyer and Aircrew Effectiveness Programs. Again, in the absence of a Surgeon in each Squadron, the Commander must depend on a Flight Surgeon from his base.

The third group of subject personnel are those specifically charged with administering medical care. These personnel must possess the ability

Air Rescue Service Medical Considerations (Cont'd)

to assist in location of the disaster victims, to penetrate the disaster area, to administer advanced first aid, to insure survival as long as needed, and to assist in evacuation of survivors as soon as possible. The Air Rescue Service training policies cover most of these requirements very well, but the ability to administer first aid is still deficient. Initial formal training is considerably improved over that of one year ago when the Air Rescue Specialists Medical Course was started at Gunter Air Force Base, Alabama. However, maintenance of medical proficiency is a serious deficiency at present, and is a major item for action by this agency at present. To support this medical proficiency, appropriate equipment and supplies are needed. Designation of such equipment and supplies and the proper use thereof is a second major item for action by this agency. In short, subject personnel require medical care, medical proficiency and medical equipment.

After we have satisfactorily answered the needs of our subject personnel we are ready to consider the other and by far the most important place of medicine in the Air Rescue Service. This is in relation to the actual victim, the recipient of our services, the person without whom there would be no need for an Air Rescue Service. These are the object personnel. How important is medicine to them? What type of medical skill do they require? How can we best insure that they receive it? Here we find the confusion mentioned at first, because here we have no Air Force policy to guide us, here we have the choice, we must determine what type of medic will administer which medical skill to which object personnel. Logically the type of medic is determined as soon as we decide which object personnel and the type of medical skill they require.

To determine which object personnel let us analyze missions, not only successful recorded missions, but also those we might have accomplished under different conditions or with different personnel, equipment, communications, etc. In other words, we must analyze the potential mission - difficult statistically, but important to our thinking and planning. If we omit intercept and escort missions which terminate uneventfully, leave out search missions where nothing is found, and forget orbit missions during which no incident develops, we are left with routine evacuation missions and our characteristic, typical or ideal Search and Rescue missions. Considering these two types, which are the only types complete enough to use as a yardstick, the only ones maturing to the point of having a victim whom we can reach, we find that the vast majority have some phase wherein medical skill is of importance, often of paramount importance. These missions can include only those who are physically isolated and are either wounded, injured or sick, or who are threatened with wounding, injury or sickness. Those already wounded, injured or sick are obviously fit objects for medical attention, while those who are merely isolated are suitable objects for rescue efforts only when threatened with a need for medical attention. For example the people rescued in the British and Japanese floods and those in areas of earthquakes and volcanic activity were justified in receiving Rescue aid only when their situation threatened bodily harm. The mere fact of isolation is, in itself, insufficient.

Thus, through analysis of the complete Rescue mission, we can easily establish that once the object person exists and we have access to him, he

Air Rescue Service Medical Considerations (Cont'd)

invariably needs or is threatened with the need for medical care. The only comparable arm of the Air Force is its Medical Service, of which the Air Rescue service is, in a sense, an extension. This point of view, which may here be exaggerated for the sake of emphasis, is in stark contrast to the point of view which says "Leave the medic home, the Dumbo is already too heavy" or "There is no need for a Rescue unit to have its own Flight Surgeon".

Fortunately, from the beginning, the guiding minds of the Air Rescue Service realized there are times when delay in evacuation can be fatal, that shock, the greatest single killer of the people we attempt to save, is a snowball which gathers momentum every hour, that the point of no return for the aircraft accident victim frequently lies between the time of access and the time of evacuation. Thus the principle of providing emergency medical care is accepted.

Our question now is - which medical skill? How extensive and how intensive should it be? And finally, who can provide it? It is obvious that the medical skill of a physician or a first class hospital will not always be available within the time limits set by our archenemy Shock. It is also obvious that the tie-in problems of determining the victim's location, gaining access to him, assisting his survival, and providing for his evacuation are unique to the Air Rescue Service. Thus we have an indication that for the complete Search and Rescue mission we must have a person whose capabilities are equally unique.

How intensive should this person's medical proficiency be? How deeply must he delve into the management of a given medical problem? Of what echelon medical care must he be capable? Only the first echelon, the fundamental live-saving procedures, combating shock, stopping bleeding, minimizing additional injury and relieving pain. These four sustain life. This is our goal.

How extensive should his medical proficiency be? How varied the conditions he must be capable of treating? All those likely to be encountered in the Rescue situation which are a threat to life. And here is where the quality of medical training pays off. Here is where experience subsequent to a four week medical course is necessary. The variety of medical problems from day to day in any one Rescue Group is insufficient to maintain this skill. A larger and more varied source of medical problems must be utilized if the requisite skill is to be maintained. Only then will he be capable of diagnosis, of determining to which of his few life-saving measures he must resort. Thus, knowledge of a wide variety of life-endangering injuries and diseases - and of the few fundamental measures each requires. This we must provide to our disaster victim or concede defeat before we start.

This outline will solve no specific problem. It does not list solutions which are being used or considered at present. It is intended to give a brief picture of the medical considerations which are important in the successful completion of the Rescue mission, and to give a basis, a point of departure, for answering the constantly changing questions, for solving the

Air Rescue Service Medical Considerations (Cont'd)

problem of tomorrow when it arises. Realizing the nature of Rescue's medical problem is the first and most essential step in solving it. Mutual comprehension of Rescue's medical problem will render solution inevitable when coupled with the high motivation and inspired effort characteristic of Air Rescue Service personnel.

End

Address by Brig. Gen. Thomas J. DuBose,
Commander, Air Rescue Service, MATS
Washington 25, D. C. to the Civitan Club
of Birmingham, The Birmingham Aero Club
and the Civil Air Patrol, in joint meeting
at Birmingham, 5 November 1953.

THE AIR RESCUE SERVICE

A WORLD-WIDE HUMANITARIAN ORGANIZATION OF THE U.S. AIR FORCE

INTRODUCTION

Mr. Chairman and members of the Civitan Club of Birmingham, the Birmingham Aero Club and the Civil Air Patrol:

I am delighted at the opportunity to address a gathering of men so interested in flying. We in the Air Rescue Service as part of the U.S. Air Force primarily serve military aviation. Due to the humanitarian nature of our mission we also search for, and sometimes are able to rescue, civilian fliers, and even non-fliers, wherever we are asked to.

MISSION

The primary mission of the Air Rescue Service is to save the lives of military air crews who while airborne are prevented from continuing or landing safely, who have crashed or ditched, or who have bailed out.

Airborne assistance is afforded by a Rescue aircraft which finds and escorts a disabled aircraft to a landing. The disability requiring our assistance may be caused by loss of engines, loss of communications or even just plain loss of direction.

We would rather fly a dozen escort missions than one search mission. We regard it as good sense for a pilot in trouble to call for rescue escort. Then if he has to go down we know where he is, we are there to help him, and we can call for what additional help may be needed.

Our mission then, is finding, aiding, and returning to safety, fliers in distress. We are not limited however to military fliers. Because ours is strictly a humanitarian service we are often called upon to aid civilian fliers, and fliers of other nations. We have responded to calls for other types of assistance such as local and national disasters, both in the United States and in foreign countries.

All of this points up the Air Rescue Service motto—the Code of An Air Rescue Man which states:

"It is MY duty, as a member of the Air Rescue Service, to save life and to aid the injured.

for the Korean combat theater, so do we have to strive for equipment with which to battle the frozen Arctic, the tree-shrouded jungle, the mountains, and the deserts. We are constantly changing and improving. Ours is a fascinating history, with new pages being written every day.

ORGANIZATION

For administrative reasons the Air Rescue Service is assigned to the Military Air Transport Service, popularly known as MATS, and our Headquarters is in northwest Washington, D. C. We have 12 Air Rescue Groups in this country and abroad, charged with rescue service to U. S. Air Force aircraft wherever they may fly.

Normally, an Air Rescue Group has four squadrons, but it may have more or less depending upon its mission.

Each Air Rescue Squadron in the United States has one or more rescue teams. These teams are composed of men highly trained in advanced first aid, in Arctic, jungle, desert, and ocean survival techniques, and in many other interesting capabilities. Known as para-rescue teams, they can be dropped by parachute from our aircraft onto any kind of land or water surface. Or, they can be sent into wilderness areas by ground vehicle, skis, snowshoes, or with alpine equipment.

Rescue Squadrons keep an alert crew on duty 24 hours a day, seven days a week - no matter in what part of the world they operate. When this crew goes out on a distress call, a Mission Commander goes along with an officer or airman assistant. The Mission Commander sets up an advanced base from whence he can best direct the search efforts. Our own search aircraft are limited, but the Mission Commander can call upon a tremendous amount of assistance, and usually calls on some of it. What it boils down to in this country is - we provide the coordination and highly trained leadership and some aircraft, and other agencies provide most of the search planes.

In the event of a major search we can call upon any other Air Command for help, we can call on the Civil Air Patrol which has large and well organized Wings composed of private fliers in all of the 48 States and in Alaska, Hawaii, and Puerto Rico. I forgot the District of Columbia Wing. They are in the United States too.

In addition, we can call upon the Army, the Navy, and of the Military services, the Coast Guard, other Federal agencies, State organizations, and others down to and including sheriffs' posses. The latter, in the West, are a potent force, for some of them are flying organizations.

CIVIL AIR PATROL

Now, I want to return to the Civil Air Patrol, for it is our strong right arm. The Civil Air Patrol is a non-profit corporation, established by Congress in 1948 as civilian auxiliary to the U. S. Air Force. It is composed of volunteers who wear the Air Force uniform, yet receive no pay. In an emergency, the CAP can put into the air over 8,000 light