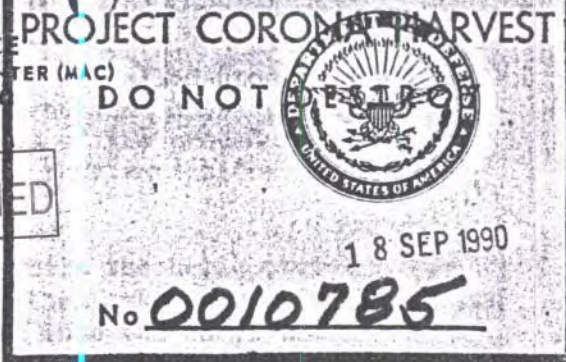


DEPARTMENT OF THE AIR FORCE
AEROSPACE RESCUE & RECOVERY TRAINING CENTER (MAC)
HURLER AIR FORCE BASE, FLORIDA 3254



REPLY TO

ATTN OF:

TCOTTP (TSgt Schipper/882-3295)

DECLASSIFIED

SUBJECT:

End of Tour Report

SMC

ARRS (ARXDC)

1. I served with Rescue for two years in Southeast Asia. I flew as a Pararescue Technician on HH-43 F's at Bien Hoa from September 1965 thru February 1966, and at Pleiku from February 1966 thru September 1966. Two years later, I was back. This time with the BUFF's, HH-43's from August 1968 thru August 1969 in the 40 ARRS at Udorn RTAFB Thailand.

2. Upon arrival at Bien Hoa, TSgt Walters gave us quite extensive training in combat pick-ups. This included:

- Hoist pickup of survivors that could help themselves.
- Hoist pickup of survivors requiring the Pararescueman to go down on the forest penetrator, give treatment to the survivor, and come back up the hoist with him.

c. Hoist pickup of the Stokes litter.

d. Combat pickup where we would land, snatch the survivor off the ground and be gone in a matter of seconds.

e. Inert combat pickup (survivor unconscious) where we would land, the Pararescueman exit the aircraft, run over to the survivor, pick him up in a Fireman's carriage, and carry him back into the aircraft. The helicopter mechanic would exit directly behind him with an M-16 to give protective cover, and enter the helicopter directly behind the Pararescueman, tapping the pilot on the helmet to indicate it was clear to take off. This again gave us minimum time on the ground.

During the first two months, we also learned to use chain saws. They were old ARS models which proved to be useful in cutting landing zones for the mass evacuation of survivors and wounded of the 173rd Airborne Brigade from "D" Zone. These saws were old and tended to break down when they were most needed; however, there was no TA authorization and we could not get new ones. This was finally corrected after much red tape and leg work. Over all, the training really paid off and all crew members had an idea of what to expect in a combat rescue/recovery mission.

3. I was re-assigned to Pleiku AFB, Vietnam in February 1966 as NCOIC of the Pararescue Team. I had three first termers directly from school, and all of the other crew members were new to the theater with very little, or no combat experience.

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4. Having had experience "in country" already, I was called upon to set up a training program for all crew members. We practiced hoist pickups and combat pickups until everyone had a basic idea of the procedures involved; then we continued the training, adding as many variations as possible. Some of these included:

a. Hoist pickups with the PJ on the ground while the helicopter mechanic simulated getting hit. The pilot would then take over hoist control or the co-pilot would crawl over his seat into the cabin and complete the hoist pickup.

b. We would simulate the PJ getting hit on an inert combat pickup, thus making it necessary for the mechanic to go after him, bring him to the helicopter, and return for the survivor. During this time, the co-pilot would get out and give him cover.

c. Initially we had no Stokes litters and were unsuccessful in attempts to borrow some for training purposes from bases at Da Nang and Bien Hoa or from the Army or Navy; therefore, PJ training was accomplished by tying patients onto a straight pole litter used for mountain evacuation. We tested this on the ground with a man in the litter to get the suspension ropes correct. The carrying handles needed to be cut to get the litters in the door of the HH-43. We then made hoist pickups with sand bags in the litter for weight. After adequate testing, we set up one litter per aircraft. This method was soon proven successful when we went in at night and evacuated seven litter patients from the 101st Airborne out of Dak To.

These different methods were practiced and used by all crew members, adding variations as missions throughout Vietnam dictated. They were practiced approximately four times a week during training flights by the alert and standby crews.

5. During the morning briefing, the RCC would present a problem to each crew member. It might be an in-flight emergency, control problems for the pilots, egress problems on various aircraft for the PJ's and helicopter mechanics who flew as firefighters in addition to their regular duties. These problems would be answered on scratch paper then discussed by all crew members. It took only 10 or 15 minutes but kept everyone on their toes and brought up new and different ideas.

6. After preflighting the helicopter, we came back in for 20 minutes of calisthenics. This resulted after recovering pilots who hadn't maintained the physical fitness to allow them to expend unexpected energy on a pickup. One pilot had a possible coronary and passed out on the hoist. He was coming around when we arrived back at base, but it showed us the dangers of letting our crew members get in the same predicament, so the PJ's gave calisthenics.

7. We utilized three PJ's out of the four on alert every day, and to further their medical knowledge, they worked at the Special Forces camp dispensary on their days off. There they received extensive actual medical treatment of combat injuries.

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8. Chain saws referred to earlier were on order but slow in arriving when we had a Huey crash and got out two of the crew the first night. Due to fog, we couldn't get the other two until the weather lifted. The pilot was pinned in the helicopter with a large tree on top of the aircraft. The weight of the chopper and tree pinned his leg behind the rudder pedal. We cut trees by hand and had to eventually lift the Huey to get the weight off his leg. This was accomplished by cutting a large pry-bar (15' long by 6-8" in diameter) and placing it under the nose of the chopper. We also tied onto a tree with a sling rope, hooded in a snap link, and tied the mountain climbing rope onto the helicopter, ran the rope up through the snap link, improvising a block and tackle. Thankfully, the 101st Airborne was able to land around the area and give us troop support as well as set up a perimeter. It was a time consuming effort, taking from 1 1/2 to 2 hours to complete. Upon returning to base, I researched and ordered light block and tackle sets which arrived after my departure from Vietnam.

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9. After a couple of missions, I decided two PJ's could sometimes be utilized on the low bird. This was an added weight factor and was thoroughly discussed within the detachment. My reason were:

- a. On some missions, we needed a PJ on the ground and a PJ in the aircraft.
- b. The PJ on the ground could give medical treatment and assure survivors were properly loaded for pickup.
- c. The PJ on the chopper could give medical attention to the survivor there.

d. When evacuating Army wounded, we found that with no PJ (or someone familiar with our operation) on the ground, the Army was unfamiliar with our equipment and could not use it in most cases.

(1) A man might be put on a forest penetrator with the strap around him but no seat, or with the seat down and no strap.

(2) We would lower a Stokes litter and they would leave the patient on their improvised litter and place it on the Stokes. This litter would sometimes have poles 8 to 10 feet long making it impossible to bring through the door of the aircraft. This would mean we would have to fly out with the patient on the cable outside the helicopter and no more patients would be picked up and evacuated at this time.

e. In rescue and recovery of aircrew members (ref case in para. 8), one PJ and one survivor were sent out on the low bird, while I stayed on the ground freeing the other survivor. The high bird with another PJ on board awaited to receive him.

f. In another instance, I was on the ground with four crew members from a downed Huey, one of which had a back injury (unknown when I was lowered). I sent up one crew member on the penetrator and he had the Stokes litter sent down. After the patient was loaded, I suggested they take him to the hospital and let the high bird pick up the other two survivors and myself. The

low bird, however, wanted to pick up everyone and as they lowered the cable it broke. There was no PJ on the helicopter, so all that could be done for the patient was first aid treatment that everyone receives in General Military Training. This was good, however the patient with the back injury had been held in a standing position at the crash site when we arrived, and was assisted over to a fallen tree. This led me to believe that the injury was not serious and I went down without a Stokes litter. When I arrived on the ground, he was paralyzed from the waist down. Final medical diagnosis showed two fractured vertebrae. This points up the fact that the first aid knowledge of the average aircrewman receives is inadequate. Rescue helicopter mechanics should have even more training because they have more contact with medical treatment than most crew members.

g. Each mission was quickly evaluated by the RCC and PJ on information received prior to departure, to determine whether a second PJ on the low bird could be utilized.

10. I left SEA and within 6 months was volunteering for the BUFFs at Udorn RTAFB, Thailand. I left the Azores and went to ARRTC at Eglin AFB, Fla, for HH-53 School. For me, this was really a farce! 75% of my flight training was scanning, while the pilots made approaches, did air refueling, etc. I received some training on the mini-gun and was able to fire it once. I learned how to operate a hoist from a wall mount rather than a "banana" handle, and the emergency procedures of a new aircraft. I also attended the Pararescue Animal Laboratory, which was very good.

11. At Udorn we had mini-gun missions where we really learned the weapon. We painted the safeing sector red so it was obvious when installed. We made a pin to lock the barrels of the mini-gun so it couldn't fire, in the event #2 gun should have to be pulled out of the door for a pickup while the gun was still hot. A booster motor for the weapon came in which greatly improved our capability. Weapon malfunction dropped tremendously.

12. RECONDO School was available and was attended by some of our PJ's. They learned:

- a. Navigation and the compass until it became second nature.
- b. How to call in air strikes around their position. This could prove invaluable while working on the ground with an injured man.
- c. How to travel within the jungle in close proximity of the enemy without being noticed or captured.
- d. How to estimate number of enemy, and locate and mark gun positions which, though not our mission, could aid our intelligence immeasurably.
- e. The signals and procedures used by our sister services for medical attention, when it was safe for pickup, etc. The lack of ability to communicate effectively and clearly could easily prove disastrous.

We also had special medical training available in Vietnam that proved invaluable in handling combat casualties.

13. Due to a shortage of Pararescuemen, our training ceased because we were flying alert all of the time. During one 6-day period in February of this year, I logged 61 hours combat time and everyone else logged almost as much. Shortage of aircraft and crews kept some flight training out. We would fly the standby crew and aircraft locally, but due to the weight of the alert configured bird and local temperatures, we couldn't practice hoist work, etc. until we burned off 3 plus hours of fuel and with directives stating we had to maintain 2 hours fuel minimum, we never got light enough.

I saw crew members that were afraid to fly combat missions to the point, in my estimation, that they jeopardized the mission. The enlisted persons involved were removed from status, or requested removal. One pilot pulled duty officer for his last 30 days there, and then as far as I know, returned to flying duties. Other pilots stayed in their flying slots even though they said they didn't want to fly. These were very definitely a minority, but they did exist.

14. We gave the fighter pilots the best rescue coverage they ever had. We were able to be on the scene in a matter of minutes, often flying within 5 to 10 miles of the strikes. This can only be attributed to the devotion and loyalty of the men. Maintenance kept new, unproven helicopters in the air, many times when parts were not available. We have sunrise to sunset coverage, often having birds exceed 100 hours flying time a month. The rescue rate was slow as compared to the previous years, but this was due to a bombing halt causing less people to be shot down. At times people got dejected boring holes in the sky and maintaining aircraft that flew fewer and fewer actual missions; however our commander, Lt Col Radcliffe, played a great role in boosting morale. When he was flying North Alert, it was observed by all that he would be in his office a couple of hours before take off doing paper work. It gave the men an attitude that "If the 'Old Man' can do it, I sure as hell can."

15. My personal evaluation and opinion after two tours on two different aircraft, flying basically the same mission is as follows:

a. In the HH-43, two PJ's should be considered for the low bird on ACR or evacuation missions and utilized as dictated by mission information received prior to departure.

b. PJ's just out of ARRTC Pararescue School and new in the service, should not be shipped directly to combat, but put on a team where they can learn to utilize their training. They have done an outstanding job, but I have seen errors that shouldn't have been made. It's not their fault, and they need to be placed somewhere they can bring forth, apply, and utilize this training under a less stressing situation. This would improve their versatility and adaptability. Of course, this depends on bodies available and mission dictation, but at present, it should be possible to assign them to non-combat units for at least a 6-month period.

c. Medical training, the RECONDO School, Special Forces Training areas, etc., which are available and located in SEA can benefit the PJ medically and on the ground. They should be exploited to the fullest.

d. The Pararescue curriculum in the Helicopter School should be re-evaluated:

- (1) Less scanning time.
- (2) More hoist work of varying types.
- (3) Combat pickups in a variety of situations.

(4) More firing time on the mini-gun which will reduce chances of having uncorrectable malfunctions. This can be done on the firing range with a bench mounted gun. (The M-60 could also have a similar training program.)

e. When on the ground looking for a survivor or giving emergency medical treatment, I like the helicopter to move off so I can hear what is happening about me. Pilots hate to leave, as they want the hoist cable down to enable quick extraction, but the roar is deafening. This has merits and drawbacks, but my preference is "move out helicopter".

f. Training in the signals and methods of our sister services could be incorporated and given at ARRTC; then constantly up-graded "in country". (By the same token, they must know our procedures and how to utilize our equipment.)

g. I found that RCC responsibility gets less and less. The rescue crew on scene is lower than Crown, closer than JSARC or COMPRESS, and should make the decision to go in or not. Sometimes it is advantageous to go in and not wait for more fighter support and enemy build-up. In a BUFF, we can suppress a hell of a lot of ground fire. They know it and we know it! Missions after 4 or 5 hours on scene, are sometimes necessary, but not usually. I've seen JSARC tell us from Saigon that a Lima Site was unsafe and not to go in for pickup. One of our FACs had just made an emergency landing on the same site, and we were flying over the area talking to it. Another FAC working the area, and Air America pilots, told us it was safe to go in, but we couldn't. We finally got permission after Crown and everyone else convinced Saigon it was safe. It was ridiculous to me to over-emphasize safety that much. The RCC and rescue crew concerned have to have more flexibility and responsibility in making the decision whether to go in or not, especially since they are on the scene and most are trying for longevity, not suicide.

h. Mountain training for older PJ's should be a refresher course at Eglin AFB because many have had no formal training (which all Pararescue School students now receive) as mountaineers. Some karst slopes are much greater than the length of the cable and this training could be very useful.

i. The importance of constant training cannot be overstressed. Each commander should be thoroughly briefed and, in turn, should brief their section heads. Each squadron's mission and personnel assigned should dictate how much training, in what, and for whom training is necessary. This is selective training and it worked out exceptionally well while I was at Pleiku.

When we got in a tight situation, procedures were smooth and thought out, reactions went in the right direction, and we had an idea what each man would do. Bold type items of emergency procedures are to be memorized. Maybe we need more bold type items for different situations.

j. Selection of personnel as section heads in rescue must meet the highest standards. If you have a good man for the job, don't put in another man just because he has more rank. Can we tell how a man will react under enemy fire? No, but we might get an idea before hand. I had an E-8 tell me he didn't know why they sent him over to SEA. He had 26 years service and had NEVER been in combat. He panicked in a mortar attack while he was the senior enlisted man of the outfit. His fears and apprehensions were known by the commander and fellow NCOs prior to this attack, but nothing was done. Another pilot told me he was scared and didn't want to fly, but wanted to be a maintenance officer for the remaining two years until his retirement. The whole outfit was aware of his feelings but he stayed on as RCC. There are others that I personally have known and some I've heard about. Every man, psychologically and anatomically, is made different and we can't always discover or judge them until it is too late in some cases. I sincerely liked the men I mentioned as individuals, but I wonder what they are doing in Rescue. The senior man in the bunker, hiding his head and crying when I should be looking to him for leadership and guidance; the pilot of the low bird that stays too high and necessitates the high bird making the pickup. What would happen if the high bird got shot down? Could the low bird pilot pull himself together enough to go in and get them? I've served with these individuals and don't know what the answer is. Some are still in the service, re-assigned State-side and happy with their peace-time mission.

k. Should a PJ be lowered to the ground to check whether an individual is alive or dead? This keeps coming up again and again because there are so many pros and cons. Personally, I feel it is another of the calculated risks of my professions and one that I am trained for. What do we do when a pilot has been talking to the rescue forces but is injured, has fractures, is loosing blood, and unable to help himself. Suddenly we have no more voice contact. Did the radio quit? Is the survivor unconscious? Or dead? How do we know? How do we find out? We have a piece of equipment aboard, highly skilled and trained for this type mission. He is medically qualified, though not legally, to tell if the man is dead. Through his training, he has a better chance of survival, escape and evasion than any other group of individuals in the Air Force. He is the PJ! I've seen them go down and find a dead man and leave him, as the area was too hot to warrant remaining any longer than necessary. In another situation, I left the scene not knowing whether we left a man to suffer and die. I still think of this, and probably will throughout the rest of my life because I would have taken the calculated risk to see if there was anything that could be done for the man.

It is not a cut and dried Yes or No answer. It must be flexible, but it should be emphasized that this is what we're trained for. I had a pilot tell me that he would never let Pararescue jump from his airplane for a mission because he didn't want anyone to get hurt or killed. When I asked about the man on the ground who might die, his reply was that he would rather loose the survivor than the PJ that he knew. I know a captain that fought to keep us in the helicopter, especially after Bill Pitsenbarger was killed. His reasons were the same. I cried when Bill got killed. Thirty years old and twelve years of

military service, I cried for this individual I had known for only five months. He gave his life doing a job he believed in, and it made me more determined to fulfill what I believe is part of our mission. If we don't go down, Rescue is losing one of its most valuable resources.

l. A debriefing after each mission is something that seems to have been forgotten after some missions, but it definitely has a place. After problem areas are determined, covered, and rectified, they should be disseminated to all concerned.

m. For the first time since I've flown, I was not allowed to sit in the pilot's seat. I am not a pilot and neither are flight engineers, but they could bring (and have brought) airplanes home. We didn't get up in the seat in the BUFF. They had their reasons, but they should be studied and evaluated again. An instructor pilot at the ARRTC HH-53 School wanted to give us a basic knowledge, but the time was unavailable. It may not be legal, but can be beneficial. A crew and a million dollar airplane saved can justify a lot. It is not necessary for all air crew members to have a pilot's license, but enough knowledge to stabilize the aircraft, land it hard, or at least get it over friendly territory where you can bail out everyone might result in the saving of lives and expensive equipment.

n. I think the BUFF is too big and expensive for ACR type missions that we're flying, primarily concerned with one or two survivors. What about a twin engine, air-refuelable, mini-gun equipped, helicopter with a good hover capability and room for two patients. A cross between a Pedro or Huey, a BUFF, and the Jolly Green.

o. Now we have chain saws authorized in SEA, who can use them? This is a good piece of equipment, but a dangerous one in the hands of novices. If we are authorized to have them and the PJ's are expected to utilize them, shouldn't somewhere in the ARRTC Pararescue School, the PJ's be trained in the proper handling of the equipment?

15. These are my personal observations, experiences, and some possible solutions. I am, at present, in a Pararescue section with a shortage of personnel so I haven't put as much time in the preparation of this report as I would have liked. I think we have improved in many areas between my first and second tour; however I must say that in other areas we seem to have gone backward.

I am very interested in the ARRS Mission in combat, and if I can clarify anything I have said or discuss the pros and cons with a group interested in the improvement of the mission, I would be more than glad to give my time, voice my opinions, and discuss the pros and cons of various ideas with areas of possible improvement.

FOR THE COMMANDER


GEORGE E. SCHIPPER, TSgt, USAF
Pararescue School NCOIC, Supply