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# NAVAL AVIATION NEWS

FORTY-FOURTH YEAR OF PUBLICATION JUNE 1963

## ■ IN THIS ISSUE

- Freighters Close-up 6** *An exclusive HS-3 report on inspection of Russian freighters departing Cuba is written for NANews by Lt. Jerry M. Pierce.*
- ComNavAirLant 9** *The complex organization and responsibilities of this major aviation command are put into focus by LCdr. Thomas A. Loomis.*
- Navy's First Paramedics 14** *The man behind the official establishment of the Navy's first paramedic team tells how it was done.*
- Helo Training 18** *HT-8 at ALF Ellyson Field expands its training program in step with the increasing importance of helicopters.*
- FREM 30** *Combat Readiness Air Group 12 celebrates its fifth year of Fleet Readiness Enlisted Maintenance Training at NAS Miramar.*
- Impossible! 32** *That's the average reaction when told a P-3A calendar inspection can be done in less than two days.*

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## ■ FRONT COVER

This photograph of an RF-8A photo-Crusader, piloted by Lt. S. M. Ruby, was taken by the wingman, Lt. E. S. Christensen, with a K-17 aerial camera. Both pilots and planes are assigned to VFP-63 Det. Mike. Lt. Ruby took the picture appearing on the February 1963 Naval Aviation News cover.

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# NAVY GETS ITS FIRST PARAMEDIC TEAM



The genesis of the Navy's first Paramedic team is told by the author shortly before receiving orders to his current assignment at NAS Miramar.

**W**HAT, ME JUMP?" This was my reaction while watching a film of a pilot bailing out of an airplane during my training as a flight surgeon. I had no idea that in two years parachuting would be routine for me.

My first contact with parachuting came in mid-1961 when 20 members of the Philippine Air Force were being trained as paramedics at nearby Clark Air Base. During this time, PRCA Eugene H. Woods was consulting with our Assistant Medical Officer, Lt. Raymond D. LaChance, here at Cubi Point. He urged the formation and training of a rescue team and casually mentioned he'd like to receive the same training as the Filipino paramedics.

No more thought was given the idea until several months later when we were called to fly to Palawan, an island several flying hours south of Luzon, where a Philippine Air Force plane had crashed with seven men aboard. We were in an HU-16C and had to turn back an hour out of Palawan because of an oil leak. It was another full day before the crash site was reached by surface ship. Six of the seven men perished.

Then I realized the value of a U.S. Navy paramedic team in the Philippines. I talked with Dr. LaChance and Chief Woods. They were enthusiastic. The next several months were spent convincing our command of the need for the team. In March 1962, T. D. Carpenter, HM1, and myself volun-

By Lt. David B. Davis, II, MC

tarily took two weeks training at Clark under SSgt. B. E. Davis, USAF. It was at our own expense.

In the next two months, we requested CNO approval of a voluntary or official paramedic unit. We also wrote to BUPERS asking for U.S. Navy parachutist designation. During this time, Dr. LaChance, Chief Woods, Robert B. Lamb, HM3, and P. R. Duncan, PR2, got in their six jumps, again at no cost to the Navy.

Two major problems then confronted us: (1) we had no equipment, and (2) not being designated Naval Parachutists, nor having orders to jump, we could not jump militarily. The first problem was solved mostly by the most effective method of supply, cumshaw. We ended up with 12 T-10 chutes and reserves, jump helmets, medical jump bags for the medical personnel, and general purpose survival bags for the non-medical personnel. We felt we were slowly becoming a well organized unit, under the circumstances.

The second problem was more difficult. We all agreed that we wanted to continue para-rescue work with or without hazardous duty pay. Only the enlisted men could draw this, for Dr. LaChance and myself were on flight pay. We signed waivers and joined the area's sky diving club where we continued our jumping.

The next six months were ones of suspense for us. We slowly gathered favorable endorsements on our letter to CNO; five were necessary before it could reach its final destination. In the meantime, we stepped up our training in survival. We became a small, close-knit group, working efficiently and effectively together.

Our first chance to work as a team came in August 1962 when a seaplane from a nearby Naval Station crashed into a mountain about 60 miles from Cubi Point. This was during the peak of the rainy season, with 145 inches of rainfall in five months. Weather was bad! It was two days before the wreckage was spotted. We were fortunate at that time to have Marine Helicopter Squadron 261 temporarily at Cubi.

We were dispatched to the scene of



the accident immediately, and, although we were able to land within 50 yards of the wreckage, we were ready for any type of penetration. Three of our team were let out at the site. Miraculously, one crew member remained alive! We gave him first aid, made him a litter, and placed him aboard the helo with a corpsman to accompany him back to Cubi. The two of us remaining, along with Lt. Victor Hanson, MC, HMM-261's Flight Surgeon, did what we could at the site.

The weather soon closed in on us for the next four hours, so we set up a camp. We continued efforts to identify the remaining personnel. Because of our group training and the organization of our equipment, we functioned much more effectively as a team than in any previous air crashes we had investigated, and we could report this when we finally returned.

In October 1962, the word we had been waiting to hear was received. CNO officially recognized us and we would become an official mission and task of the Naval Air Station. We were also all designated Naval Parachutists, at long last.

With this wonderful word of encouragement, and a letter of commendation for each of us, we increased our training to a peak tempo. We began adding jungle jumps to our training, jumping at increasingly shorter intervals. All of our spare time was spent repacking chutes. We jumped every type of aircraft we could find. We believe we are the first to jump with static lines from the UH-43C (Dr. LaChance and Chief Woods were the

first two in the group to qualify.)

We adopted the Air Force Rescue Manual and wrote one of our own for jungle type work peculiar to the area. We continually revised and added equipment as we learned more about the "trade." We made night jumps, jungle jumps, high-wind jumps, equipment jumps (which are all routine), and we began to check out everyone as a jumpmaster. At this writing, three of us have over 50 jumps each. Our training is continuous.

The basic organization of the team calls for six members: two doctors, two corpsmen, and two parachute riggers. The group is subdivided into small teams as fits the need of the occasion. The role of the medical officer and corpsmen is self-explanatory. The parachute rigger's primary job is survival training and care of the equipment. All members of the team, however, are taught jungle survival. Each team member has a jump bag for which he alone is responsible. The two medical officers have essentially identical jump bags weighing 20 pounds each. They contain varied medical supplies, including a small surgical kit, Dextran (for intravenous use), anti-malarials, burn treatments, etc. Each member of the team carries a minimum amount of personal survival gear which includes a machete, insect repellent, mirror, flares, knife, food concentrates, etc. The hospital corpsmen carry a medical bag similar to the medical officers, but differing slightly in its contents.

Each parachute rigger jumps with a general purpose survival bag weighing 45 to 50 pounds, depending on the equipment. He carries primarily survival supplies: tent, C-rations, machetes, signal paulin, etc. This bag is dropped on a 25-foot line below the rigger after his chute opens.

Jungle jump suits are available, but they have not been used in practice tree jumps because of the excessive heat. In tree jumps, each man carries a 120-foot rope to lower himself to the ground. This, plus approximately 35 feet of reserve chute line, allows a man to hang over 150 feet from the ground and still lower himself to safety. This tree let-down technique is also being developed for use with the helicopter sling to give additional line in using the helicopter.

In addition to all this equipment,

there is also a combined aircraft accident investigation/medical kit, and a larger medical survival drop container (about 50 pounds) ready for immediate use. These contain a larger variety of supplies. The survivor drop container is delivered by cargo chute. We also have on hand other ready containers to paradrop re-supply medical and survival items at a moment's notice. All our equipment is prepared for paradrops in event it is not necessary for the team to parachute into the area. Each kit contains instructions on self-medical aid, survival and signaling.

Now that we have received approval from CNO, we are beginning to acquire more and better equipment. We are replacing our T-10 chutes with newer steerable ones. A medical officer, Dr. LaChance's replacement, is being trained as a Paramedic Team member by the other members of the team. He is Lt. Robert L. Thompson, MC. In the future, all replacements will be trained as parachutists before being sent to Cubi Point. However, being a parachutist does not make one a paramedic. The training is relentless and difficult, but extremely satisfying.

In addition to our training program, we are trying to seek new and better methods in rescue work. We're not satisfied with all the widely accepted techniques because many of them do not work well in the terrain and climate conditions we have to cope with in this area.

Paramedic rescue work is a new and little advertised field in the Navy. VX-6 has the only other Navy Pararescue unit to our knowledge. Most of our training and information came from the Air Force and their manuals. We feel, however, that in many areas, such as the Philippines, there is a definite need for better trained Navy rescue teams, trained not only in paramedic work, but in all other aspects of the rescue and recovery field.

It has not been an easy road becoming a paramedic. We did much of our training on a voluntary non-pay basis, training before and after work, and on weekends. But the results are already beginning to show: one life has been saved. At the present time, we have yet to record a single team member injury. We do have bruises to show for our efforts, but these are small payments for the satisfaction we get in performing tasks we volunteered to do.

