

OCTOBER 1993

Air medevac training still needed (Director of Medical Service Officer Management, Randolph AFB, TX, and Aeromedical Consultation Service, Brooks AFB, TX): "Air transportation has been the primary method of moving patients by the armed services of the United States since 1949. It is fast, reliable, and allows for centralized medical care. Aeromedical Evacuation (AE), performed by the U.S. Air Force under Department of Defense directive, was intended as a method to transport medically stable patients. Modern warfare has evolved into a process capable of generating large numbers of casualties in a short period of time that can overwhelm local medical facilities. Such casualties would then require immediate transportation in order to obtain appropriate treatment. The terrorist bombing of the U.S. Marine barracks in Beirut and the 1989 military action in Panama (Operation Just Cause) are recent experiences where unstable casualties were transported by an AE system not designed to care for acute injuries while en route to definitive care. During Operation Desert Storm, Aeromedical Evacuation Flight Surgeons (AE/FS's) augmented AE crews and provided flexibility to transport critically ill patients. Future planning should augment designated AE crews with appropriately trained physicians and include equipment on aircraft to resuscitate patients that decompensate in flight."³

OCTOBER 1968

Aiding aging eyes (Medical Director, United Air Lines, Chicago, IL): "The senior pilot who has minimal accommodation requires special lenses to accurately visualize the instrument panels [Fig. 1] in commercial jet aircraft..."

"The problem of poor visual acuity at the overhead panel is solved by using the 'flip-type' lens-frame [Fig 2] arrangement."²

OCTOBER 1943

Air medevac training established (Air Surgeon, U.S. Army Air Forces): "The Army Air Forces School of Air Evacuation was established as a permanent installation at Bowman Field, Kentucky (near Louisville), on June 25, 1943..."

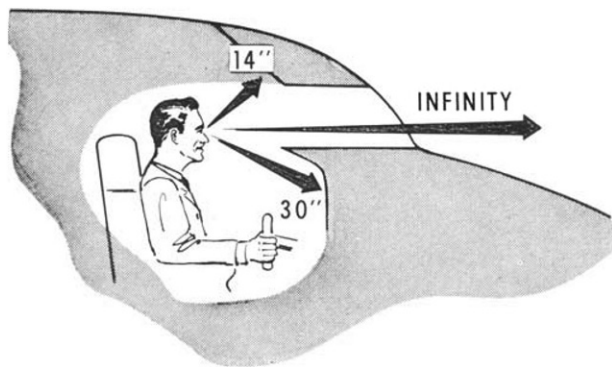


Fig. 1. Critical flight deck visual distances.

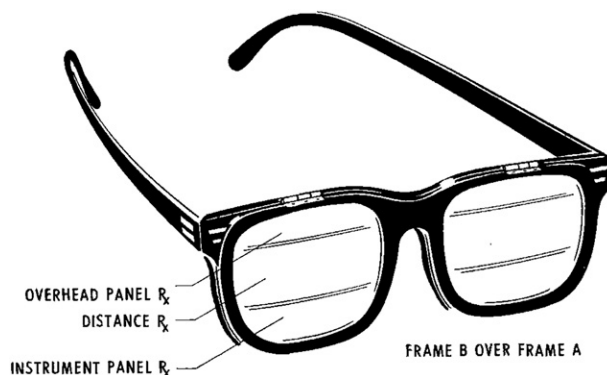


Fig. 2. Flip-type lenses.

"The purpose of the School is to instruct enlisted men and Flight Surgeons in the professional, technical and administrative procedures involved in the air evacuation of the sick and wounded. Graduates who have successfully completed the course at the School, and who are considered qualified, are assigned to Medical Air Evacuation Transport Squadrons."¹

Aircraft exceeding man (School of Aviation Medicine, Randolph Field, TX): "It has been principally during the past few years that we have come to the realization that mechanical progress in aviation has far exceeded the physical capacity of the individual. The present conflict has brought this subject to the fore with striking clarity and forcefulness. As a result, new problems now tax the ingenuity of the research departments and are particularly stimulating to the work of the Flight Surgeon. Advance has been so rapid in the past year that older students of aviation medicine can be considered negligent if they have failed to keep in step with the new findings."⁴

REFERENCES

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