

AFCSG-11

Trip Report, Canary Islands, 8 - 21 April 1961

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1. ADMINISTRATION

The travel this time was accomplished via commercial airlines and the route was from Langley to New York, New York to Paris, Paris to Madrid and Madrid to Las Palmas. All of these flights were quite good and the only significant delay occurred at Madrid, where the aircraft was late and they had no record of my reservation. From other reports it appears that difficulty with the Spanish airlines is a rather routine thing. Total travel time involved was from Noon on Saturday until 0430 on Monday. The local site manager at CYI is quite helpful in regard to obtaining return reservations. There is a cost involved of approximately \$7.50 in U. S. currency, if any portion of the ticket is re-written in the Canaries. It is sometimes difficult to get immediate reservations and it is possible that personnel may find it difficult to leave the Canaries within a reasonable time following completion of a mission.

It should be emphasized that visas for Spain are not necessary in spite of this requirement being placed in all of our orders requests. This has been clarified by the Embassy in Madrid.

The hotel reservations this time were at the Parque, and while this was better than the previous trip, it still was quite depressing after several days. About midway in our stay, we were able to obtain reservations at the Hotel Santa Catalina. It is difficult to describe the lift in morale that occurred following this move. It is an entirely different world with quite adequate accommodations and considerable recreational facilities, if there were time to use them. It has ready access to a nearby beach, and there is a swimming pool on the grounds. The laundry facilities are quite adequate in the hotel and one can normally get one day service. I did not try dry cleaning as the residents said it would smell of gasoline for days following the procedure. There is an adequate and very cheap barber shop a short distance from the hotel.

It became evident on this mission that some better plan concerning orders must be evolved. An extension was necessary and was

expeditiously handled by personnel at Patrick. It would seem far better, however, if long term orders could be issued for each monitor at least for a six month period and these basic orders could then be activated on the basis of a wire. In my own instance, this would save untold hours of labor and difficulty in obtaining the orders from the Pentagon. It would be particularly helpful for rush trips which many of these are. Every effort should be made to secure these long term orders. The TR books issued by Transportation at Space Task Group will fill a long-standing need. A check should be made, however, as to whether European airlines will accept TRs or whether the warrants, currently used by the military forces in Europe, are necessary. This information should be made available to all NASA personnel traveling in the area.

The distribution of the various medical NASA reports should be reviewed immediately and it would seem that the report concerning recovery operations and de-briefing and the medical data plan should be immediately dispatched to all aeromedical monitors. As time nears for a man shot we are also concerned with the data books on the astronauts and with a differential diagnosis sheet which was being developed by Dr. Moesser. The status of these should be determined and the monitors notified. It was apparent on this operation that there is a need to have all of the mission procedures and data available, hopefully in a single document, prior to or at least by the briefing. Teletype briefing as was done on this mission should not become a routine. I realize that it was necessary due to the change in plans, but all efforts should be made to avoid it in the future.

2. PERSONNEL

Initially two complete flight control teams were available at CYI. When the plans were changed one CAPCOM and one systems man was sent to African stations and then I was allowed to return prior to mission time and thus a single team was in place. The difference between this trip and the previous one was truly remarkable in that a very cordial relationship existed between all personnel. The CAPCOM was particularly effective in making his role clear and still avoiding injuring any of the local personnel's feelings. All worked together extremely smoothly and well in a fine team effort. Dr. Ward and I discussed the medical monitor duties with the CAPCOM and a very reasonable and intelligent program was laid out allowing for rotation of duties and thus adequate time to accomplish off-site surveys, etc. It is certainly desirable to have two monitors available, if possible, as this does allow the needed flexibility.

3. PROCEDURES

An initial site briefing was conducted and the local crew was apprized of all the information which we had obtained at the Langley briefing. New personnel were introduced and problems were discussed. This got the mission off to a very excellent start. It is suggested that at the pre-deployment briefing it would be advisable for the surgeon to sit with the CAPCOM and systems man so that information which is available only to the CAPCOM may also be perused during the briefing. This pre-deployment briefing was a marked improvement over the previous one. A question arises as to how the Canary aeromedical monitor will be briefed for future missions. Is it contemplated that one of the monitors will be returned to the ZI for the pre-deployment briefing and also for de-briefing? Thought should be given to this matter and a decision made and the monitors so informed. The countdown procedures worked very smoothly this time and our systems checks were accomplished well within the desired time. T-3 is ample time and still allows considerable unoccupied time at the console. The better scheduling resulted in less fatigue but the days are still long due to mission time and the long trip involved in getting to the site. A valiant attempt was made to release all personnel by 3:00 PM each day and thus de-briefings were made short and to-the-point. We found that we were able to assist the CAPCOM in several of his duties and this can be effectively done until we are occupied full time observing the electrocardiogram on the recorder. The addition of an MNO Conference loop and a TM contact on the flight control loop added immeasurably to the effectiveness of our operations. A coffee cart was operated during mission time by site personnel and this will be utilized consistently in the future. Good coffee as well as peanut/butter and jelly sandwiches are available either in the site manager's room, or if necessary during mission time actually at the console. This procedure also elevated morale - it is vitally needed in an area where the food is difficult to obtain.

4. EQUIPMENT

Some of the dial ^{and} ~~letter~~ recorders scales furnished were in error and therefore new recorder decals in particular had to be made on site. Extra blank recorder decals should be provided; some red, green and yellow plastic tape should all be made available in order that realistic normal borderline and danger areas may be marked on the dials. There is still a need for some formal ^{trim part} sheets to be made available for the aeromedical monitors. The systems people have already prepared a plot which they were using fairly effectively. A calibration and check form for pre-systems test would also be of value. If no ^{trim parts} are to be developed by space task group, the monitors should be so informed in order that they may develop some of their own. Reproduction facilities are still needed at the site. There are many items which should be reproduced for immediate use and it is difficult to find a typist to do this in a time-proven laborious manner. Immediate action should be taken to secure some sort of secretary machine or thermofax for these sites. A tape recorder, small and portable

would also be extremely valuable for the use of the aeromedical monitor. Much of the important data could then be immediately put on tape and transcribed at a later date. The medical bags were ample and were sorely needed. At this site large amounts of diarrhea mixture should be available.

5. SITE MEDICAL STATUS

A copy of the survey of the medical status is attached to this report. It should be noted that the CAPCOM who is vital to the operation of this mission, was severely ill with diarrhea for the forty-eight hours preceding and including mission time. He was able to perform due to treatment by the aeromedical monitor. A second toilet is still needed by this site and there are no adequate sleeping facilities available in case of prolonged mission time.

A question arose during our visit as to how the local physicians will be paid for care of transient personnel. On the previous trip, one of the crew consulted the local physician concerning his diarrhea, as all of us were at the site. The bill for this care arrived during my stay on this mission. A question arose as to whether the Air Force or the local site manager would pay the bill. In this instance, the site manager agreed to pay it. I am not sure that this will be a large problem, but it is something that might be considered.

6. SPECIFIC PROBLEMS

Dr. Ward had been asked to participate in a briefing of USAFE Recovery Personnel and was acutely aware that he had little, if any, space task group data to use for this briefing. Further, he could find none in USAFE and fell back on his early notes from our two-week training period. There is a need for dissemination to our medical monitors of recovery and debriefing information as I mentioned above. Specifically, information is needed concerning instructions on how to get the animal capsule out of the big capsule. Such details as "where is the handle" and "how is the door opened" need to be answered. Is there a standard recovery kit? If so, will the USAFE physicians involved get one? The command veterinarian is also in need of an information sheet on the chimps, concerning their drugs sensitivities, do they bite? etc. He also needs information concerning debriefing examination. Dr. Ward stated that he would be glad to render any assistance to USAFE you might feel necessary, but he will need additional information if he is to do this.

A question also needs to be answered concerning the participation of aeromedical monitors in the recovery operation in the Canary area. Due to the scheduling of the Spanish airlines into Las Palmas, it is difficult to see how these could be used. To place an aeromedical monitor anywhere near the capsule on the African continent within a reasonable period of

time. It would therefore seem that some sort of military transport should be made available, for this contingency. Thought should be given to this arrangement immediately. Thought might also be given to some sort of annual letter of evaluation from either Colonel Knauf's office or Space Task Group Life Sciences in order that the aeromedical monitors might stay in the good graces of their local bosses. There is still need for a monthly briefing letter from some source, either Space Task Group or the Cape. The aeromedical monitors who have not been deployed particularly feel an acute lack of information.

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