

AFCSG

Summary Report of the Visit of the USAF Surgeon General
and Staff to South America

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I Purpose and Scope

The Surgeon General USAF, accompanied by several members of his staff, comprising research, training, veterinary, preventive medicine clinical and aerospace medicine, visited six Caribbean and South American countries during the period 22 January - 3 February 1961. The prime purpose of the visit was to obtain on-the-spot evaluation of requirements for development of medical training programs devoting special attention to the coordination of action of joint interests to the US Mission and recipient countries Air Force Medical Services. The long-range objective was to assist in bringing about better understanding of mutual medical problems. The scope of the survey was limited to USAF areas of responsibility.

II Findings

A Personnel and Training

In general, of the countries visited, the planning and programming of medical training under the auspices of MAP was inadequate. The effectiveness of the Mission/MAAG personnel was hampered by the lack of proper medical orientation on the part of training officers in their understanding of medical needs and requirements of Host Air Forces. Since the initiation of the MAP in 1954, only 41 training spaces have been utilized by recipient Air Force medical personnel.

It is realized that such factors as high personal living allowances paid by individual governments tend to discourage EI training, however, there were instances where Air Force medical personnel were being sent to civilian institutions in the United States for observer training where as the same type of training was available and offered under MAP.

In addition to providing language training and the MAP indoctrination at the Military Assistance Institute (MAI), it is felt from a medical standpoint, the effectiveness of Mission/MAAG could be increased by including as part of the curriculum at MAI, a block of hours on medical problems and objectives.

B Aerospace Medicine

There is no true flight surgeon (aerospace medicine specialist) as we know him in these South American countries due to the part time practice of military medicine. The South American Air Force physician has no tie to the mission of his Air Force as does the USAF flight surgeon. There is no role in civilian practice for an aerospace medicine specialist as there is no large aircraft industry and civilian aviation medicine is done by the Air Force by law. There is a need for some few full time physicians well trained in aerospace medicine. The utilization of the primary and advanced courses at SAM should be stressed but the solving of the problem will take years and the slow changing of the present part time service concept.

Several countries requested assignment of a full time flight surgeon advisor, but previous experience has shown that physicians so assigned are utilized to provide medical care and do little advising. Some exchange program for the larger Air Forces such as Brazil and Argentina could be considered and at least a traveling advisor should be provided.

All countries have small flight surgeon offices and some such as Brazil and Argentina have large central examining centers for flying personnel both military and civilian. Equipment in general was adequate except that altitude chambers are wanted and needed by some of the countries and these would increase their military research capability.

No organized preventive medicine program existed in the Air Forces of any country visited. A number of factors may have contributed to this, such as a heavy military and dependent workload being handled by an insufficient number of part time physicians and the absence of allied professional and subprofessional preventive medicine personnel to assist the physician. Some countries, notably Brazil, had outstanding preventive medicine teaching programs within their civilian medical institutions. The preventive medicine capability should be encouraged within the Air Force Medical Services of the South American countries. The strengthening of the preventive medicine staff of the Surgeon CAIRC would enable us to provide greater assistance. Training of qualified personnel from these countries should be encouraged. Sanitary and industrial hygiene engineering, preventive medicine technicians and veterinary medicine technician courses available at Gunter Air Force Base can be utilized. USAF Medical Service publications on preventive medicine subjects should receive distribution to the USAF Missions in South America who in turn should forward them to the Surgeon General of the Air Force within the country.

C Research

In 1959, AFOSR initiated a small research grants program for selected scientists in South America who had submitted research proposals. This amounted to a total of \$111,000 in countries visited. High quality research is being done. An important secondary gain from this program is the promotion of goodwill and understanding. Scientists are impressed by our interest in their fundamental research. Additional research potential was discovered during the visits and information was provided as to procedures for applying for USAF research grants.

Little research of aerospace medical importance was noted in the military except for some activity in Peru and Argentina. Brazil has a valuable collection of 5,000 aircrew medical records spanning 30 year careers and they were encouraged to conduct research on these. Several interesting civilian research projects with possible valuable aerospace medical implications were noted and will be followed.

D Clinical and Laboratory Medicine

All of the laboratories of the military establishments were poorly equipped and a pathology service was nonexistent. However, the medical potential within the Air Force of each country visited is great with the exception of Uruguay. All Air Force medical personnel are employed on a part time basis. They are also engaged in the private practice of medicine, or work in a government hospital, or both. Current trends in medical education that were observed are toward better selection of medical students, full time professors, a less rigid curriculum, medical student participation in faculty selection, greater participation in clinical and basic medical research.

Mutual exchange assignment of medical service personnel should be encouraged. This approach will counteract the onus of the big brother approach which is generally resented. Nonphysicians should be utilized to the greatest extent in such a program because physicians are diverted from the primary purpose of their assignment by demands from local U. S. personnel and their dependents for medical care.

E Dental Medicine

All countries visited except Brazil have part time military dentists and Brazil will have in July 1961. Dental care is provided to both the military and their dependents. The Air Forces Dental Clinics have adequate equipment with the exception of Peru and Uruguay who need operating room and laboratory equipment. Most of the countries have requirements for training in general dentistry and a few have specialty training requirements.

There is a lack of availability of United States dental periodic publications. No preventive dentistry program is in existence in the Air Forces visited. Civilian dental schools are in need of research and laboratory equipment. Most of the training requirements could be met by the USAF Dental Service; however, only applicants who are proficient in the English language should receive training. A training space should be established at Albrook Air Force Base in general dentistry. This space could then provide dental care to students of the Latin American School.

III Summary

Continuous efforts are needed to promote better understanding and strengthen the bonds of friendship between the medical personnel of the Air Forces in South American countries and the United States to further the cause of peace. Efforts of this nature include the free exchange of medical information during visits to these countries; the invitation of the Surgeons General of the Air Forces of the South American countries to accompany the USAF Surgeon General on an orientation visit to USAF medical facilities prior to the Aerospace Medicine Meeting in April of this year and the South American Air Forces Medical Conference to be sponsored by the USAF Medical Service at Albrook Air Force Base in December 1961.

The extensive publicity received by the USAF Surgeon General and his staff in each country visited is an indication of the importance that these countries attach to the visits. Long front page newspaper coverage with pictures, radio and television reporting was given the visit in every country.

Some proficiency in the Spanish language is viewed by the South Americans as an indication of interest and friendship. Therefore, it is imperative that all officers of the medical service assigned to CAIRC become proficient in the Spanish language prior to reporting for duty. Further, as many Air Force officers as possible should be encouraged to learn Spanish.

There is also a need to increase the awareness of the Air Force medical personnel in South American countries of the availability of USAF sponsored medical training and to advise them of how to apply for such training.

Increased assistance must be provided in obtaining modern medical material through MAP so as to provide a greater research and aerospace medical potential.

Specific details in the various areas considered above will be made available to interested agencies within the Air Staff upon request.

1 Atch
SA Newspaper Clippings