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OFFICE OF THE JUDGE
HEADQUARTERS STRATEGIC AIR COMMAND
UNITED STATES AIR FORCE
OFFUTT AIR FORCE BASE, NEBRASKA

2 January 1959

MEMORANDUM REPORT

SUBJECT: Medical Support, ICBM Operations, SAC

1. ASSUMPTIONS:

1. Typical operational ICBM units located in the United States will in general be organized and operated in the following manner:

a. Missile launch sites will be dispersed around a parent or home base. Minimal type maintenance and other facilities will be provided (one base may be an exception).

b. Year round road communications are available and supplemented by helicopter transportation between home base and launch sites. Comprehensive snow removal plans will provide for maintenance of road communications at locations having high snowfalls.

c. Staffing of launch sites will be held to a minimum (maximum personnel normally on duty will probably not exceed twenty at one site). Personnel will work on eight hour shift basis, commuting from the home base. Permission to reside at nearby communities may be granted. All normal community support facilities will be provided at the home base, including food service, finances, base exchange, commissary and basic medical support.

2. An emergency "live aboard" capability is being incorporated into the launch sites for alert. This includes dormitory space and food service facilities. War minimum space and sanitary requirements are being given consideration in the design of this base.

3. Maximum use will be made of the training facilities at Vandenberg Air Force Base for personnel retraining, static firing, and live launch exercises.

4. Present fuels and oxidizers utilized in ICBM's are of a moderate toxic hazard category. Appropriate preventive engineering measures are being incorporated into the site designs. Adequate precautions will be included in training exercises to minimize hazards. The majority of accidents in peacetime are expected to be typical of those presently experienced in aircraft maintenance and fueling operations; with some slight increase in hazard potential resulting from liquid oxygen. Traumatic shocks and injuries such as those resulting from falls, dropping tools, and electric shocks may be experienced from time to time.

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5. The majority of personnel assigned to a unit will be physically located and work at the home base in the missile inspection and/or assembly building. Various support shops will be located in these facilities. The scope of the work involved will present problems of occupational health similar to those in composite structures now being developed for the manned bomber force.

6. Special problems in regard to training and operational requirements will exist at Vandenberg Air Force Base, 1st Missile Division. As a result, these concepts outlined herein do not necessarily apply to that installation.

7. Required training time of line and medical personnel in first aid and health precautionary, and health promotional measures will be available.

II. REQUIREMENTS OF MEDICAL SUPPORT

1. Medical support by ICSM units consists essentially of the same features now provided for other organizations of the Strategic Air Command. Essentially two main functional areas of responsibility exist, and these (in certain aspects) are interrelated. They are: the provision of community medical care and the mission medical support. Community medical care includes inpatient and outpatient care and treatment of military personnel and their dependents, and others authorized medical care at USAF expense; routine public health measures; and community environmental sanitation. Mission medical support encompasses occupational medical procedures such as preplacement and periodic physical examinations, special diagnostic treatment procedures for occupational diseases and injuries; environmental hygiene measures, including industrial hygiene surveys, development of engineering controls for hazards, provision for consultation, advice and assistance from other staff agencies, health protection and precautions, and measures for improving human effectiveness.

2. Due to the nature of missile operations, although dealing with materials of a low order of toxicity at the present time, an increased hazard potential for peace time accidents does exist--the necessity thus arises for a highly developed medical support plan and procedures for a reaction to accidents which involve fuels, oxidizers, and/or nuclear materials. Emergency medical response procedures and techniques must be developed to a high degree. Special consideration is necessary for the problems arising from the dispersed location, launch sites from the home base.

3. A major requirement of medical support for missile organizations is the development of a high degree of self aid capabilities on the part of all personnel in order to cope with the problems of injuries in an EWO situation. Plans for medical operations in this situation will require consideration of problems that affect the capability to accomplish required launch mission.

4. Increased awareness of the importance of the physical profile system and the relationship of an individual's physical status to his capability to accomplish required tasks within their career field description generates a need for better understanding of the importance of the physical profile system and associated administrative procedures. Close coordination with the outpatient department, director of PAOM, and clinical specialties within the hospital, and the director of PAOM with personnel and management agencies on base will be required.

III. MEDICAL SUPPORT PLAN CONCEPT.

1. All community type medical care will be provided at the home base. This includes routine out- and in-patient care treatment of military personnel and their dependents, as well as others authorized medical care. Appropriate augmentation of home base medical facilities will be programmed by numbered Air Forces to provide for increased personnel at home bases resulting from the presence of ICBM units. Existing guides for this augmentation will be followed. Base medical support plans must include cognizance of dispersion of personnel stationed at launch sites and provide for appointment scheduling for outpatient clinic visits and transportation of these personnel so as to minimize time away from duty for medical care, treatment, or physical examinations.

2. Occupational medical procedures such as preplacement and periodic physical examinations, laboratory tests, or other procedures required as part of the occupational health program will be accomplished at the home base unless the nature of the test requires it be accomplished at the work site. As in the case of routine medical treatment, medical plan must provide for proper scheduling and transportation of personnel to minimize time off from duty.

3. No medical service personnel will normally be stationed at launch sites. However, medical supplies will be provisioned at the launch control building to provide for emergency first aid treatment of peace time accidents. Also, at each launch control building, there will be provided sufficient emergency and/or PHASE I (see AFR 160-133) medical supplies to provide for a full three shift component of personnel present in the launch complex for ten days. Space for storage of these supplies and for litters has been programmed for launch control buildings.

a. All launch site personnel will receive training in self and first aid for both peace time and war situations. Peace time training will be on a "what to do until the medics arrive" basis. Training for a war situation will be on the basis of survival care for initial war operational period. Appropriate requirements for this training are in ATC individual training centers and at Vandenberg Air Force Base are presently being developed. Specific follow-up action at home base medical service is required to insure personnel are in fact qualified.

b. Each home base medical facility must plan for and implement a peace time accident response team. This team will include both personnel and equipment to be dispatched to the site of an accident and personnel required for receipt of emergency care and treatment of casualties at the home base medical facilities. Appropriate priorities on communications, use of helicopters and other means of transportation will be incorporated into the base disaster control plans provided for in SACR 355-1. Necessary coordination with missile maintenance and operational agencies will be provided for so as to insure that medical support and disaster control teams are on a stand-by basis during missile fueling or other hazardous operations.

c. As part of the medical support program, an ambulance and medical personnel will be physically present at the launch sites during actual fueling or defueling operations to provide necessary and immediate support in event of an accident. Necessary communications procedures will be established so as to be able to form base medical facilities to the extent of assistance in the nature of injuries which require evacuation.

IV. ENVIRONMENTAL AND OCCUPATIONAL HEALTH

1. Frequent periodic visits will be made by sanitary and industrial hygiene engineers and preventive medicine technicians to launch sites for the purpose of making industrial hygiene surveys, including evaluation, effectiveness of design, protective features, use of protective devices by personnel, atmospheric sampling, with special reference to underground facilities. Occasional visits will also be made by the director of PAOM or a medical officer from the PAOM service so as to familiarize himself or to maintain familiarity with the actual type work operations being conducted.

2. Close coordination will be maintained with the missile safety agencies with particular reference to mutual interest areas such as prevention of eye injuries, prevention of traumatic accidents, and the control of chemical hazards.

3. Preventive medical personnel will be members of the safety and disaster response teams. Sampling of the atmosphere and general environment will be made by medical service personnel in the event of an accident involving a missile and/or warhead. Medical service sanitary and industrial hygiene engineers are responsible for collection of stream samples in event of spills of fuels and evaluation of possible stream pollution, fuels, oxidizers, or radioactive materials.

4. Surveillance of food service sanitation will be accomplished by veterinary technicians and personnel from the missile home base.

5. Necessary industrial hygiene and occupational health procedures will be implemented for missile personnel assigned to the HIM or MA3 facilities at the missile home base in the same manner as provided for other maintenance facilities.

VI. SPECIAL SUPPLIES, EQUIPMENT AND REFERENCES.

1. Each missile home base will be equipped with appropriate environmental sampling equipment to be used by industrial hygiene engineers and preventive medicine technicians. The AMC environmental health laboratory located at Kelly and Sacramento Air Force Bases will be utilized for accomplishment of detailed body tissue and fluid analyses for the presence of industrial toxicants and environmental samples which cannot be measured by direct reading instrumentation.

2. Appropriate references on missile repellent toxicity, occupational health, and general industrial hygiene and toxicology will be maintained at the missile home base medical facility.

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VII. HEALTH EDUCATION

Active and continuing health education program with regard to occupational hazards and general health promotion will be conducted under the director of PAOM at the missile home base. This program will be directed both towards supervisor and the worker.

**VIII. RESPONSIBILITIES OF HEADQUARTERS SAC, 1st MISSILE DIVISION,
AND NUMBERED AIR FORCES**

Delineation of responsibilities and their implementation of medical support procedures and plans for missile organizations are described in Memorandum, SUP5, Hq SAC, 30 Dec 58, Subject: Delineation of Responsibilities, Headquarters SAC, 1st Missile Division, Numbered Air Forces-Medical Service Support- this is attached as Inclosure Number One-these responsibilities are considered a part of this concept.

FOR THE SURGEON:

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SUP5, Hq SAC,

30 Dec 58, Subj:

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1st Miss Div, Numb AF's-

Med Svs Support

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